

Name
in
Full

Margaret Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

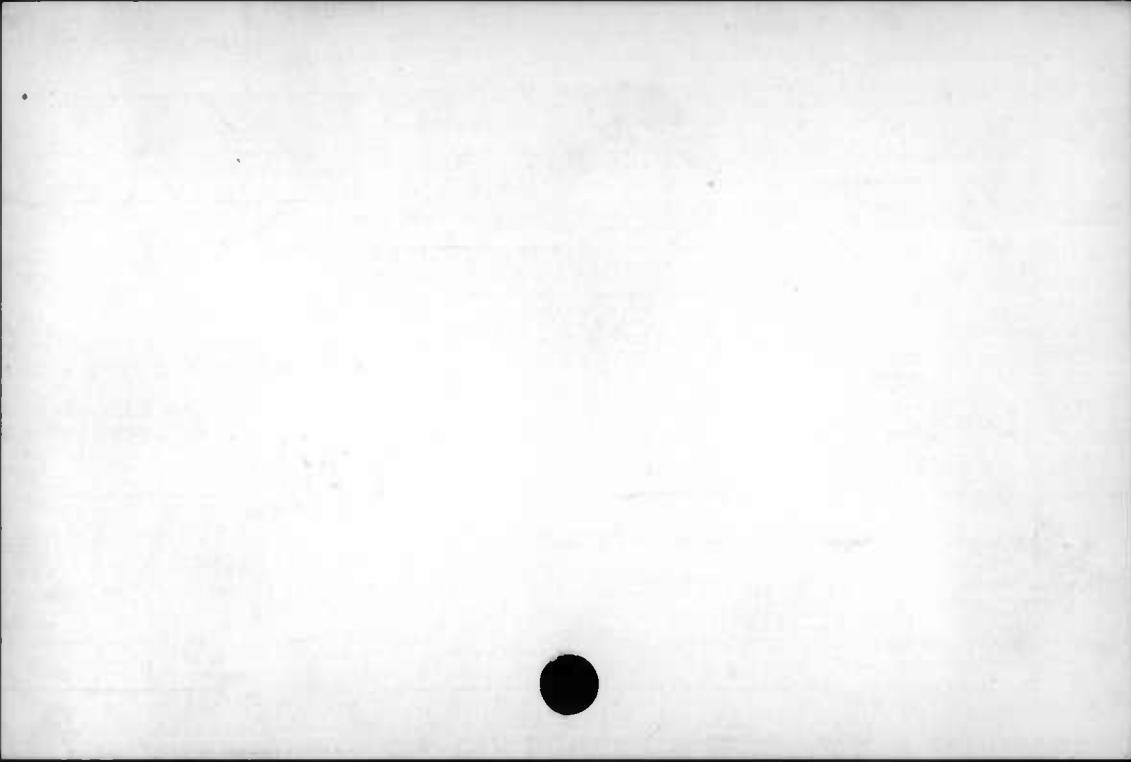
Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND		
Date of death	<i>1908</i>	^{Month} <i>Aug</i>	^{Day} <i>13</i>	^{Years} <i>60</i>	^{Months} <i>—</i>	^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>	
Occupation	<i>H.W.</i>		Where Residing if not at place of death <i>died in Hospital</i>			
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Joseph Adams</i>			
Father's Name	<i>No History obtainable</i>			Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>—</i>			Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Joe. Adams</i>			How related to deceased	<i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mental degeneration</i>	How long	<i>Years</i>
Immediate	<i>Pulmonary Edema</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.B. Monson</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

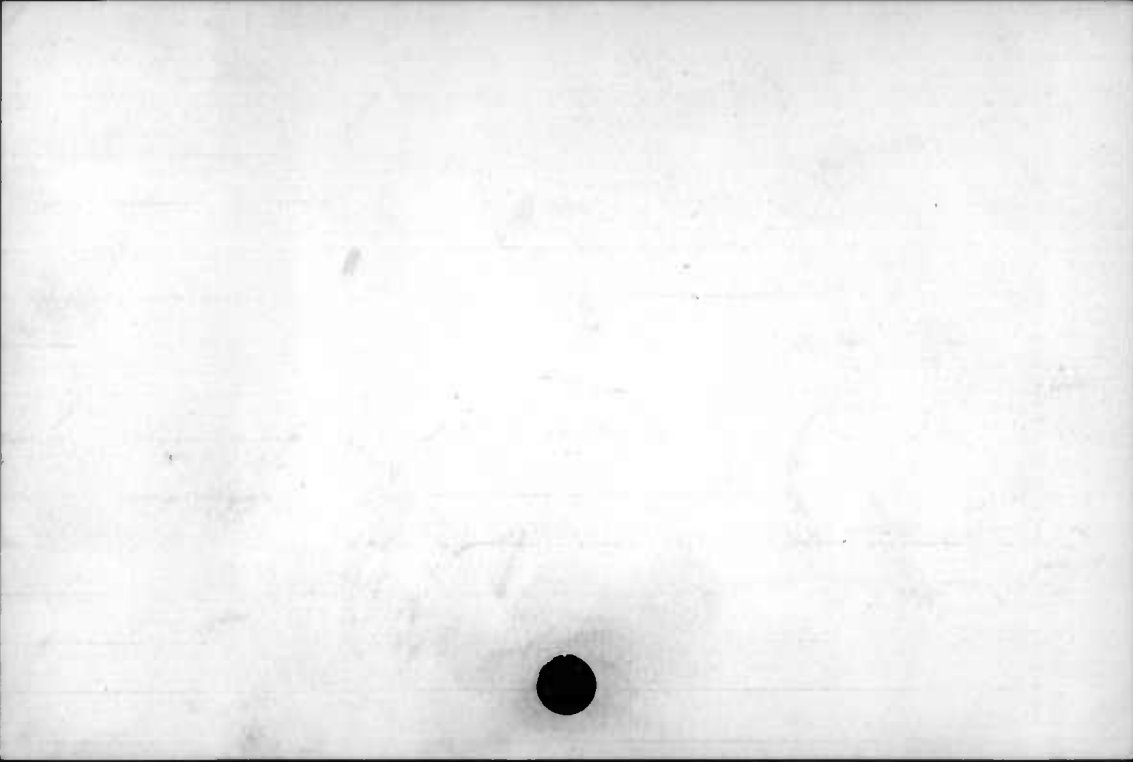
Name in Full <i>Margaret A. Ripon</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>21</i>		Years <i>54</i>	
Date of death <i>1908</i>		Age <i>54</i>		Months <i>8</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jonathan Alexander</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Marteney</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mrs John Clayburn</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

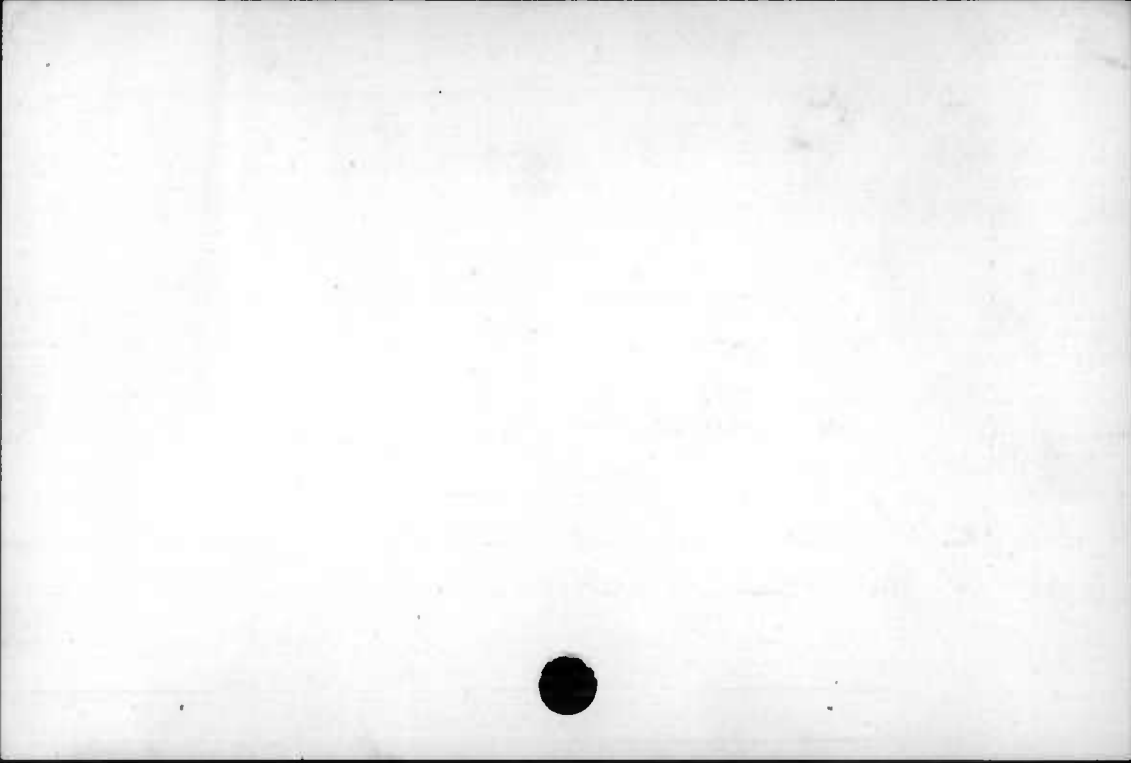
29

PHYSICIAN
OR CORONER

Primary <i>Tubercular Enteritis</i>	How long <i>years</i>
Immediate <i>Exhaustion</i>	How long <i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wentz</i>
	Address <i>Hagerstown - Md</i>
Accident or Suicide? <i>—</i>	



Name in Full Emily Edith Arnsperger		CERTIFICATE OF DEATH	
Died at Hagerstown Town		Washington County	
Date of death 1908 Month 8 Day 31		Age — Years 5 Months 7 Days	
Sex Female	Color or Race White	Birth-place Md	
Occupation —		Where Residing if not at place of death —	
Married, Single or Widowed —	Name of Wife or Husband —		
Father's Name Morris A. Arnsperger	Father's Birthplace Md		
Mother's Maiden Name Laura Hammond	Mother's Birthplace Md		
Name of person giving information Morris A. Arnsperger	How related to deceased Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; margin: 0 auto;">61</div>			
Primary Cerebro Spinal Meningitis		How long 48 hours	
Immediate Septicæmia		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Clara S. Eiley	
		Address Hagerstown Md.	
Accident or Suicide? —			



Name
in
Full

Hellen marine Barkdoll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Reed</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>August</u> <small>Month</small>	<u>17</u> <small>Day</small>	Age <u>10</u> <small>Years</small>	<u>24</u> <small>Months</small>
Sex <u>female</u>	Color or Race <u>W</u>	Birth-place <u>Reed</u>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Joseph N Barkdoll</u>			Father's Birthplace <u>Smithboard</u> <small>md</small>		
Mother's Maiden Name <u>Rachael Shank</u>			Mother's Birthplace <u>Cearsburg</u> <small>md</small>		
Name of person giving information <u>Joseph N Barkdoll</u>			How related to deceased		

A.R. Bnewbaker under

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <u>Meningitis</u>	How long <u>2 wks</u>
Immediate <u>Ephraim</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A.P. Stumpp</u>
	Address <u>Hagerstown Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Etta Sylvania Black</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>8</i>		Day <i>3</i>		Years <i>55</i>	
Date of death <i>1909</i>		Month <i>8</i>		Day <i>3</i>		Years <i>55</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>8</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i></i>		Days <i>26</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John B Black</i>		Father's Birthplace <i>dist Pa</i>		Mother's Birthplace <i>Pa</i>	
Father's Name <i>John B Gray</i>		Mother's Maiden Name <i>Barbara A Potter</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>John Black</i>							

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Surgical Operation</i>	How long <i>Short</i>
Immediate <i>Shock</i>	How long <i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. [Signature]</i>
Accident or Suicide? <i>No other</i>	Address <i>Hagerstown MD</i>

Second operation removal sarcomatous mass from
heart. Death due to shock from operation

W-
Shepherdstown W Va
Aug. 7/08

Name In Full		Mrs Lulu Bloom				CERTIFICATE OF DEATH	
		Town Hagerstown		County wash		MARYLAND	
		Died at					
		Date of death		Age		Months Days	
		1908 Aug 12		19		— —	
		Sex female		Color or Race white		Birth-place ind.	
		Occupation H. W.		Where Residing if not at place of death		—	
		Married, Single or Widowed married		Name of Wife or Husband Albert Bloom			
		Father's Name Chas E. Sites		Father's Birthplace		ind.	
		Mother's Maiden Name Fannie Estrill		Mother's Birthplace		ind.	
		Name of person giving information C.E. Sites		How related to deceased		father	
		CAUSES OF DEATH				(116)	
		Primary Suppurative Peritonitis				How long 10 weeks.	
		Immediate Septic uraemia				How long 75 minutes	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. P. Miller			
		Yes		Address Hag. Ma			
		Accident or Suicide?		no			

Suter

Name
In
Full

Mary Brinham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

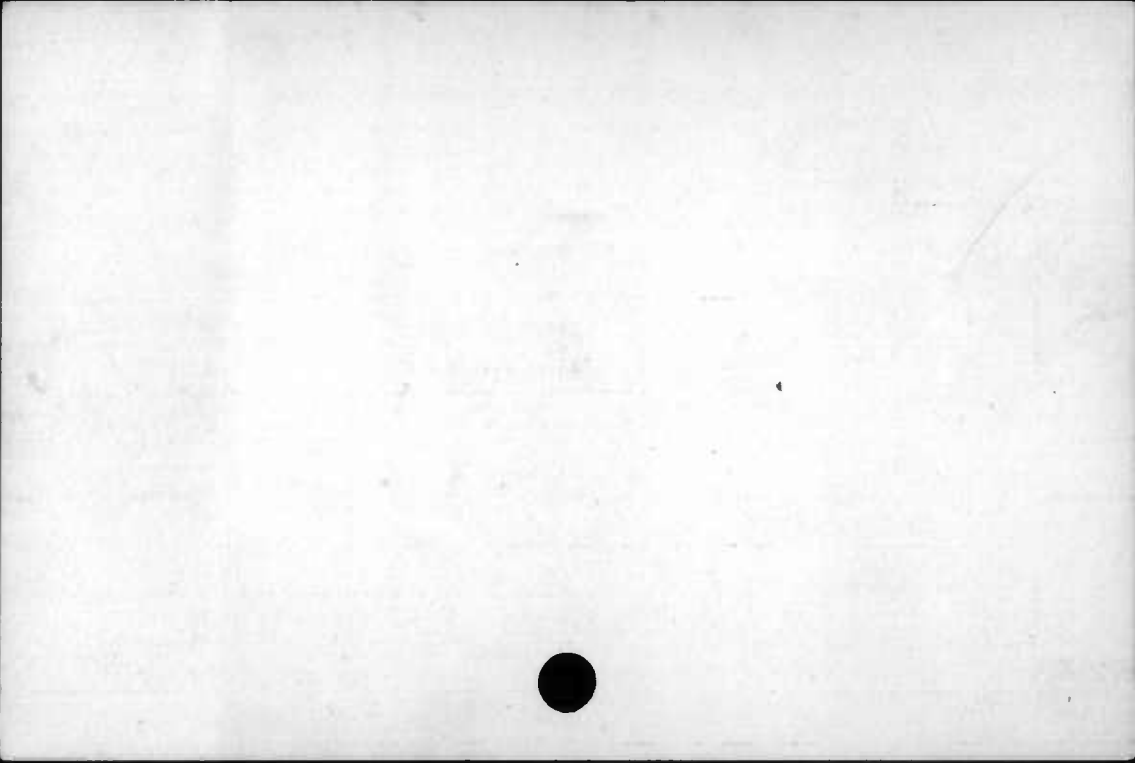
Died at <i>Maplelee</i> Town		<i>Wash</i> County		MARYLAND	
Date of death	1908	Month	<i>Aug.</i>	Day	<i>21</i>
Age		<i>18</i>		Months	<i>1</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Home Girl</i>		Where Residing if not at place of death	<i>Mapleville</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Robt. Brinham</i>		Father's Birthplace	<i>Wash. Co.</i>	
Mother's Maiden Name	<i>Uminie Horne</i>		Mother's Birthplace	<i>Fred. Co.</i>	
Name of person giving information	<i>Robt. Brinham</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Accident - Gun shot</i>		How long	<i>Immediate</i>
Immediate	<i>Rupt. Aorta</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>S. S. Davis</i>
			Address	<i>Brownboro</i>
Accident or Suicide?		<i>No</i>		<i>md</i>



Name in Full		Mrs Alice Florence Clopper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Mangroveville		Wash.		MARYLAND	
	Date of death	1908	Aug	22	Age	5-1	Months 5 Days 12
	Sex	Female		Color or Race	white		Birth-place
	Occupation	N. W.		Where Residing if not at place of death		Md.	
	Married, Single or Widowed	married		Name of Wife or Husband	Wm H Clopper		
	Father's Name	Jacob Mangrus		Father's Birthplace	Md.		
	Mother's Maiden Name	Barbara Greager		Mother's Birthplace	"		
Name of person giving information	W H Clopper		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis			How long	Fours	
	Immediate	Tuberculosis			How long		
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			J C R Miller			
			Address				
			Macon Dixon				
Accident or Suicide?			no				
			Pa.				

^S
Bedford

Aug-25-

Name
in
Full

Mina L. Colbert.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Sharpsburg* Town*Washington* County

MARYLAND

Date
of death *1908*Month
*Aug*Day
17

Age

Years

Months
9

Days

Sex

*Female*Color or
Race*White*Birth-
place*Near Sharpsburg*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Benjamin Colbert*Father's
Birthplace*near Williamsport*Mother's
Maiden Name*Annie Gray*Mother's
Birthplace*Antietam, Md*Name of person giving
In formation*Mrs Annie Colbert*How related
to deceased*Mother*

CAUSES OF DEATH

105

Primary

Cholera Infusion

How long

11 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*E. M. Garrett,
Sharpsburg, Md*

Accident or Suicide?

Chas. S. Wade
undertaker

Name
in
Full

Evelyn Grace Coyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hydrus</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	190 <i>8</i> ^{Month}	<i>7</i> ^{Day}	Age	<i>11</i> ^{Years}	<i>10</i> ^{Months}
Sex	<i>F.</i>	Color or Race	<i>W</i>	Birth-place	<i>Hydrus</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>S</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Vincent E. Coile</i>			Father's Birthplace	<i>Smithsburg Md.</i>
Mother's Maiden Name	<i>Cora G. Wade</i>			Mother's Birthplace	<i>Hydrus Md.</i>
Name of person giving information	<i>Vincent E. Coile</i>			How related to deceased	<i>Father.</i>

CAUSES OF DEATH

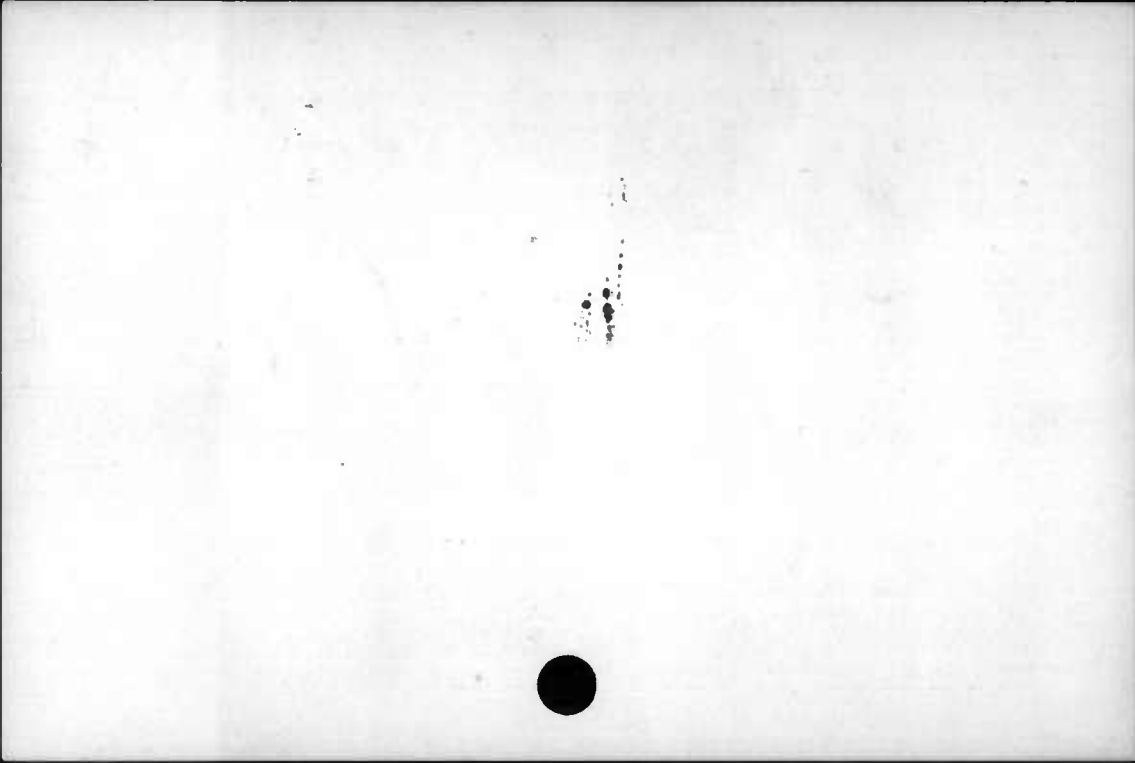
105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infusion</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Cullen</i>		
	Address <i>Blue Ridge Summit Washington Co.</i>		
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		Maryland				
		Date of death		1908	Month	Aug	Day	25	Age	59
		Sex		Female		Color or Race		White		
		Occupation		Sequestress		Birth-place		Ind		
						Where Residing if not at place of death				
		Married, Single or Widowed		Single		Name of Wife or Husband				
		Father's Name		John S. Davis		Father's Birthplace		Fred Co Md		
Mother's Maiden Name		Mary Ann Shirley		Mother's Birthplace		" " "				
Name of person giving information		Mrs Des / Kline		How related to deceased		sister				
		CAUSES OF DEATH				(66)				
PHYSICIAN OR CORONER		Primary		Paralysis Cerebral		How long		Several times		
		Immediate		Cardiac Failure		How long		Several Hours		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. D. Stupper.		
						Address		Hagerstown		
		Accident or Suicide?		No						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Barrie Irene Delosier</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Aug.</i>		Day <i>13</i>		Year <i>1908</i>	
Date of death <i>1908 Aug. 13</i>		Age <i>13</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Hagerstown</i>			
Occupation <i></i>				Where Reaiding if not at place of death <i></i>			
Married, Single or Widowed <i></i>				Name of Wife or Huaband <i></i>			
Father's Name <i>Alexander D. Delosier</i>				Father's Birthplace <i>Hagerstown Md.</i>			
Mother's Maidan Nama <i>Addah Wolffel</i>				Mother's Birthplace <i>Hancock, Md.</i>			
Nama of parson giving Information <i>Addah Delosier</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>(157)</i>
Immediate <i>Atalectasis</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mary A. Laughlin M.D.</i> Address <i>Hagerstown Md.</i>
Accident or Suicida <i></i>	



Name
in
Full

Cathrine E. Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

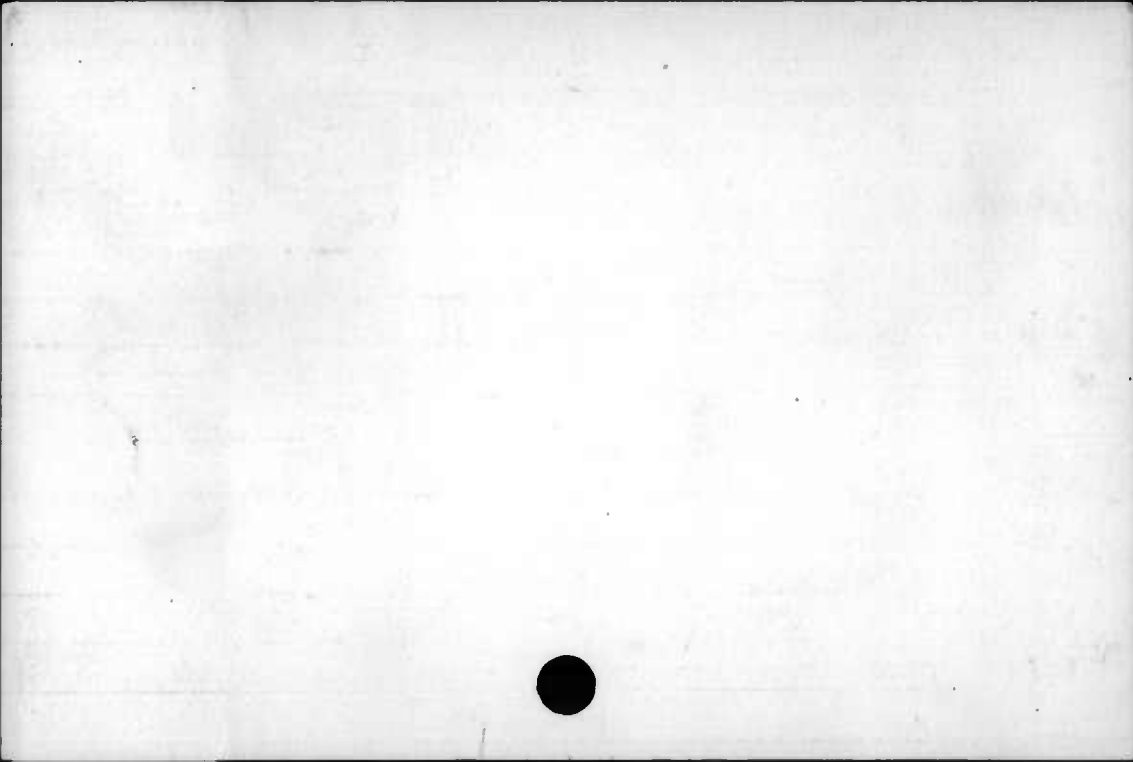
Died at <i>Clearspring</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1908	Month	8	Day	4
Age		75		Years	
Sex		Female		Color or Race	White
Occupation		Homemaker		Birth-place	Penna
Where Residing if not at place of death		Clearspring			
Married, Single or Widowed		Name of Wife or Husband			
Single		Syrus Dennis			
Father's Name		Samson Givler		Father's Birthplace	Unknown
Mother's Maiden Name		Cathrine Givler		Mother's Birthplace	Unknown
Name of person giving information		Mrs W. B. Duder		How related to deceased	Daughter

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	4 months
Immediate	Gradual Exhaustion	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. O. Perry	
Address		Clearspring Md	
Accident or Suicide?			



Name
in
Full

St. Albans

Chesole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marynesville</i>		Town		<i>Mass</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>5</i>		Age <i>2</i>		Years <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Marynesville</i>					
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>					
Father's Name <i>David Chesole</i>				Father's Birthplace <i>ma</i>					
Mother's Maiden Name <i>Mary A. Martin</i>				Mother's Birthplace <i>ma</i>					
Name of person giving information <i>Mrs Saml. Carpenter</i>				How related to deceased <i>✓</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>✓</i>		How long <i>5</i>	
Immediate <i>St. Albans - Difficult Labor</i>		How long <i>✓</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. R. Miller</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>No</i>			

Aborn. Mangano
2821
Aug. 6/08

Name
in
Full

Lusk Orebough Elgin.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

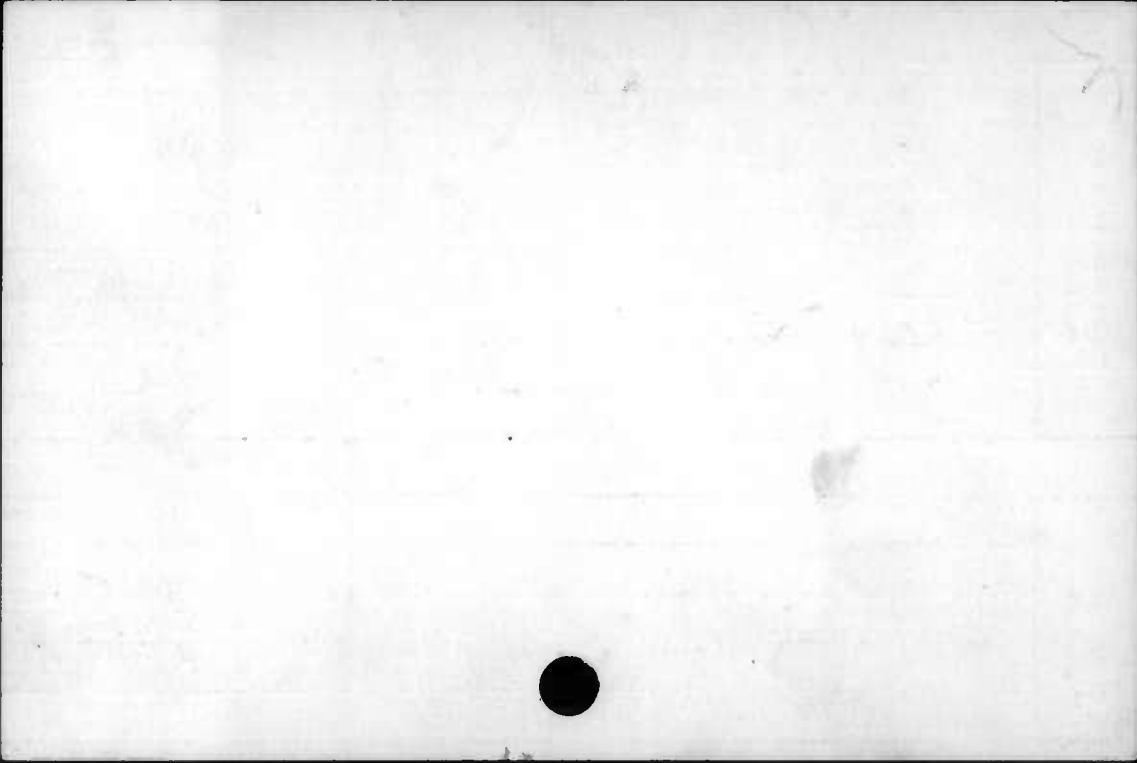
Died at <u>Herenton</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	August	Day	26
Age	—		Years	Months	5
Sex	Male		Color or Race	White	
Birth-place	Herenton, Md.				
Occupation	None		Where Residing if not at place of death	1820 Calvert St. N. W. Wash. D.C.	
Married, Single or Widowed	Married		Name of Wife or Husband	Arthur H. Ferris.	
Father's Name	James H. Elgin		Father's Birthplace	Marshall Mo.	
Mother's Maiden Name	Lou Ella Orebough		Mother's Birthplace	Wescon Ohio.	
Name of person giving information	Rina H. Ferris		How related to deceased	No	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Malaria</u>		How long	<u>5 days</u>
Immediate	<u>" Malaria "</u>		How long	<u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<u>Lusk Elgin</u>
			Address	<u>Herenton Md.</u>
Accident or Suicide?	<u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Margaret J. Ensminger
Williamport ^{Town} *Washington* ^{County}

Date

of death

1908 Aug 6

Day

Age

Years

60

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Allegheny Co. Md

Occupation

House Wife

Where Residing if not
at place of death

Williamport

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Henry J. Ensminger

Father's
Name

Leophas Zimmerman

Father's
Birthplace

don't know

Mother's
Maiden Name

Louise Leichter

Mother's
Birthplace

Pa

Name of person giving
Information

Henry J. Ensminger

How related
to deceased

Son

CAUSES OF DEATH

51

Primary

Ophthalmic & vitre

How long

3 years

Immediate

Acute Myocardial Degeneration

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ernest H. Rauthe

Address

*Williamport
Md*

Accident or Suicide?

J. M. Miller
Williamsport
Md

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Edgemont</u>				<u>Washington</u>		MARYLAND			
		Date of death <u>1908</u>		Month <u>8</u>	Day <u>28</u>	Age <u>1</u>	Years <u>0</u>	Months <u>3</u>	Days <u>14</u>		
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Edgemont</u>					
		Occupation _____					Where Residing if not at place of death _____				
		Married, Single or Widowed _____					Name of Wife or Husband _____				
		Father's Name <u>Jacob Fleagle</u>					Father's Birthplace <u>New Pin-Mars</u>				
		Mother's Maiden Name <u>Miss Deal</u>					Mother's Birthplace <u>" "</u>				
PHYSICIAN OR CORONER		Name of person giving Information <u>Father</u>					How related to deceased <u>" "</u>				
		CAUSES OF DEATH							105		
		Primary <u>Cholera Infantum</u>					How long <u>Two weeks</u>				
		Immediate <u>Exhaustion</u>					How long _____				
Accident or Suicide?		Are the name, age, sex, color, date and place correctly given above?					Signature of Physician <u>J. Lo Massie</u>				
							Address <u>Southbury</u>				



Name
in
Full

George Gaul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neagustown</i> Town		<i>Mohington</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>2nd</i>	Age <i>67</i>	Years
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Philed Pa</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Catherine Custis Gaul</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Augusta Gaul</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i> ✓	How long	<i>two days</i>
Immediate	<i>Exhaustion</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>O. W. Ragan</i>
		Address	<i>Neagustown Md.</i>
Accident or Suicide?	<i>no</i>		

S
Aug. 3/08
Phila.

2817

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

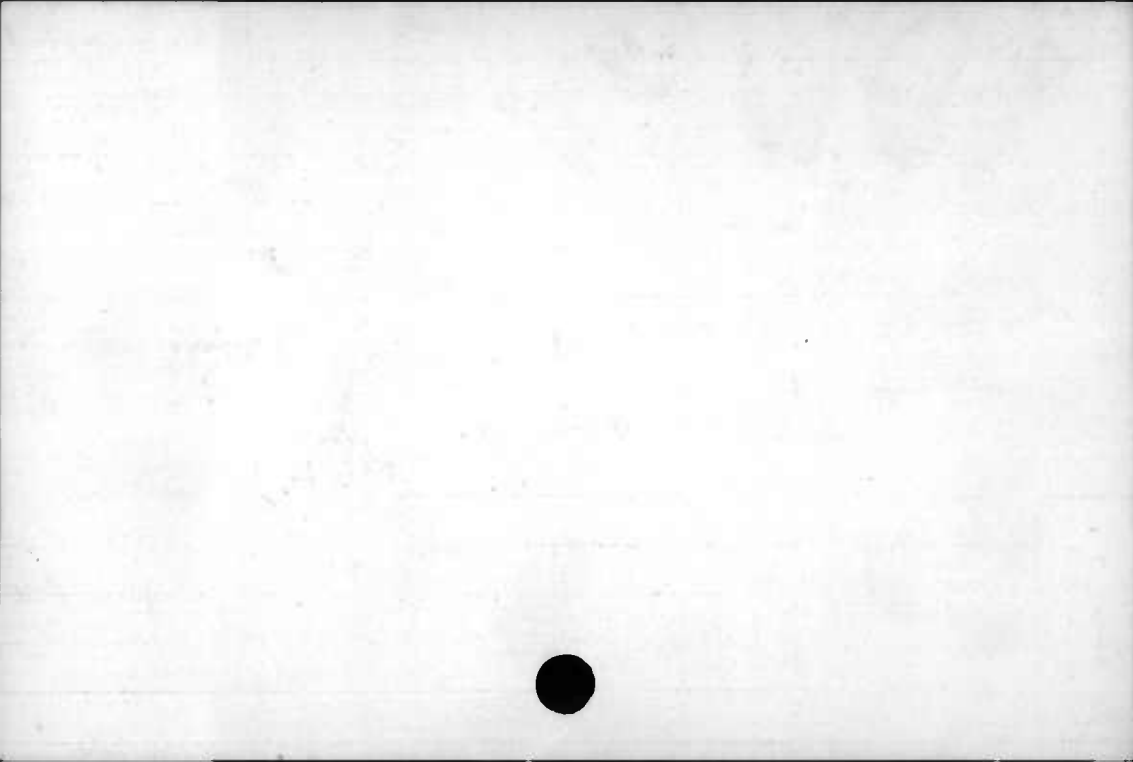
Died at <u>Hagers town</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>8</u> ^{Month}	<u>21</u> ^{Day}	<u>10</u> ^{Years}	<u>10</u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>John Gennay</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Mary E Cox</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Mrs Anna Leary</u>			How related to deceased <u>Aunt</u>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>3 Mo.</u>
Immediate <u>Aschemia</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. P. Laughlin</u>
	Address <u>Hagers town Md</u>
Accident or Suicide?	



Name in Full		Certificate of Death			
Hamie Gordon		Town		County	
Died at Near Hancock Wash.		MARYLAND			
Date of death		Month	Day	Age	Months
1908 Aug 7					3
Sex	Female	Color or Race	White	Birth-place	Norm Hancock
Occupation	Where Residing if not at place of death Died at Home.				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Robert Gordon			Father's Birthplace	Wash Co Md
Mother's Maiden Name	Bertha Barton			Mother's Birthplace	Wash Co Md
Name of person giving information	Robert Gordon			How related to deceased	Father.
CAUSES OF DEATH					
Primary	Chills, Bronchitis			How long	Three weeks
Immediate	Respiratory Failure			How long	not known
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Marshall J. Brown
				Address	Hancock Md.
Accident or Suicide?					

Montagu, Gordon.

Name
in
Full

Edward Harbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long medues</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>8</u>	Day <u>24</u>	Age <u>—</u> Years	Months <u>4</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Colarus Harbaugh</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Maudie Grouniger</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Colarus Harbaugh</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Chloro Infarction</u>	How long	<u>1 day</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A.P. Kumpfer</u>	
		Address <u>Hagerstown Md</u>	
Accident or Suicide? <u>No</u>			

21

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

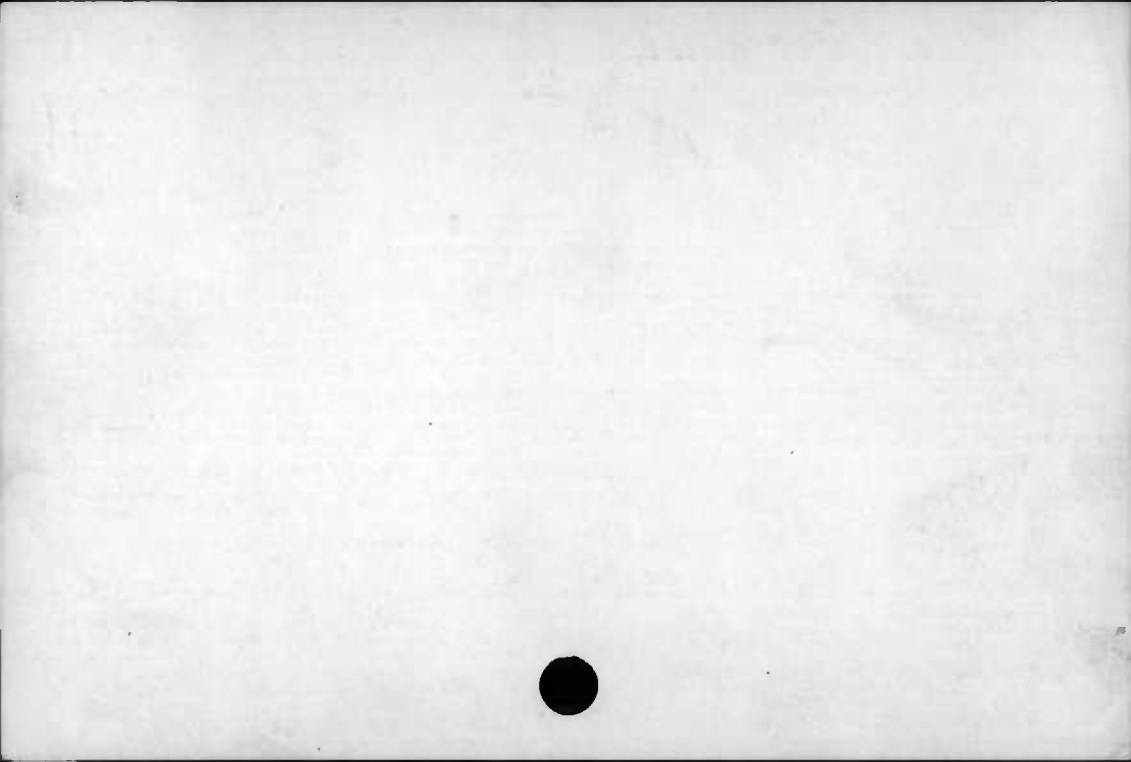
Name in Full <i>Eliza Himes</i>		Town <i>near Kepptryst</i>		County <i>Washington</i>		MARYLAND	
Died at <i>near Kepptryst</i>		Month <i>August</i>		Day <i>17</i>		Years <i>74</i>	
Date of death <i>1908</i>		Month <i>August</i>		Day <i>17</i>		Months <i>7</i>	
Age <i>74</i>		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at Home near Kepptryst</i>		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Eliza Himes</i>	
Father's Name <i>Samuel Himes</i>		Father's Birthplace <i>Md.</i>		Mother's Maiden Name <i>Eliza Grimm</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Ella Himes</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>one year</i>
Immediate <i>Cerebral Hemorrhage & Paralysis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. B. Ransom</i>
	Address <i>Harpers Ferry W. Va.</i>
Accident or Suicide? <i>no</i>	



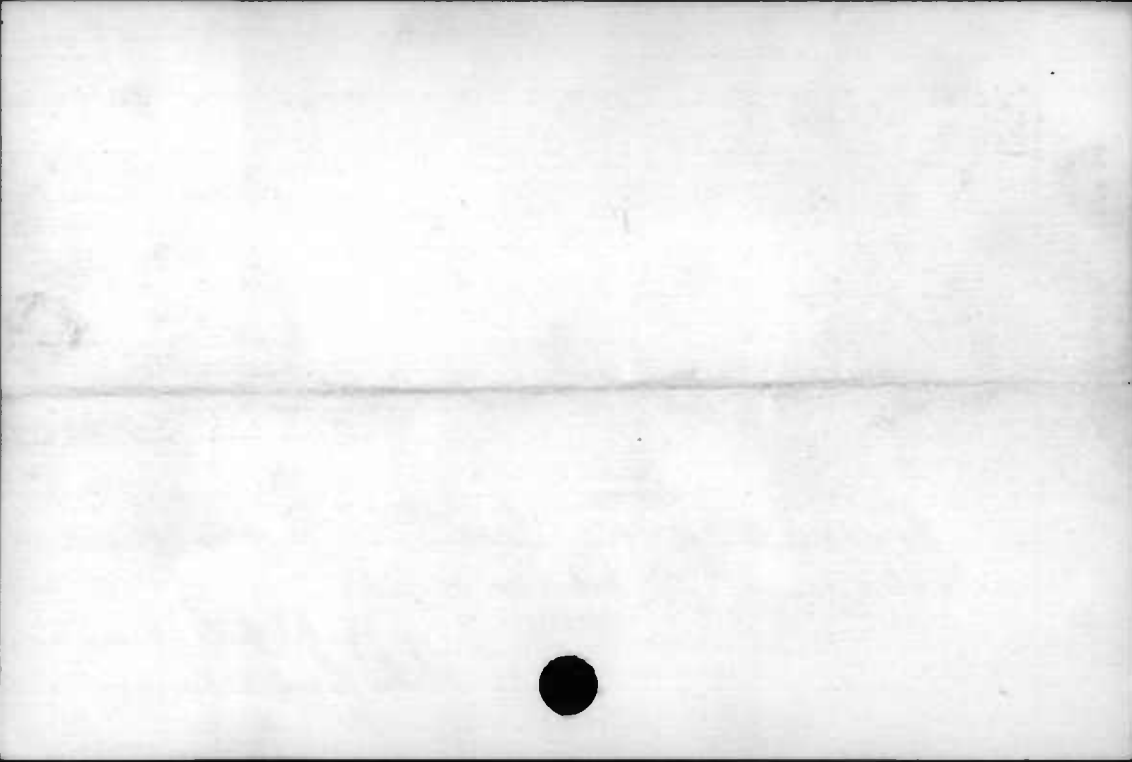
Name in Full		Michael Hockman,				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Sawman		County Wash		MARYLAND				
		Date of death		1908	Month July	Day 3	Age	Years 73	Months 8	Days 8		
		Sex		male		Color or Race		White		Birth-place	Virginia	
		Occupation				None		Where Residing if not at place of death			Sawman	
		Married, Single or Widowed		Name of Wife or Husband		Not known						
		Father's Name				Peter Hockman		Father's Birthplace			Va	
		Mother's Maiden Name				Rebecca Rhodes		Mother's Birthplace			Va	
		Name of person giving information				Mrs. Leach		How related to deceased		Daughter		
CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary				Found dead in bed				How long		
		Immediate				No Post mort-				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		L. S. Davis
										Address		Brownsville
		Accident or Suicide?										Ynd

2818
7/4

Name in Full Margaret Holmen		CERTIFICATE OF DEATH	
Died near Trego Town		Wash. County	
Date of death 1908 Month 8 Day 8		Age 88 Years Months — Days —	
Sex Female		Color or Race white	
Occupation none		Birth-place Jeff. Co. W. Va.	
Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Widow Holmen (Decedent)	
Father's Name Jonathan Rogle		Father's Birthplace Ind	
Mother's Maiden Name Catherine Piper		Mother's Birthplace Ind	
Name of person giving Information William Holmen		How related to deceased	
CAUSES OF DEATH			
Primary Old age		How long 154	
Immediate Bruchitis & Dyspnoea		How long 3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. D. Baker M.D.	
		Address Robinsonville Ind.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Betty Grace Householder.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

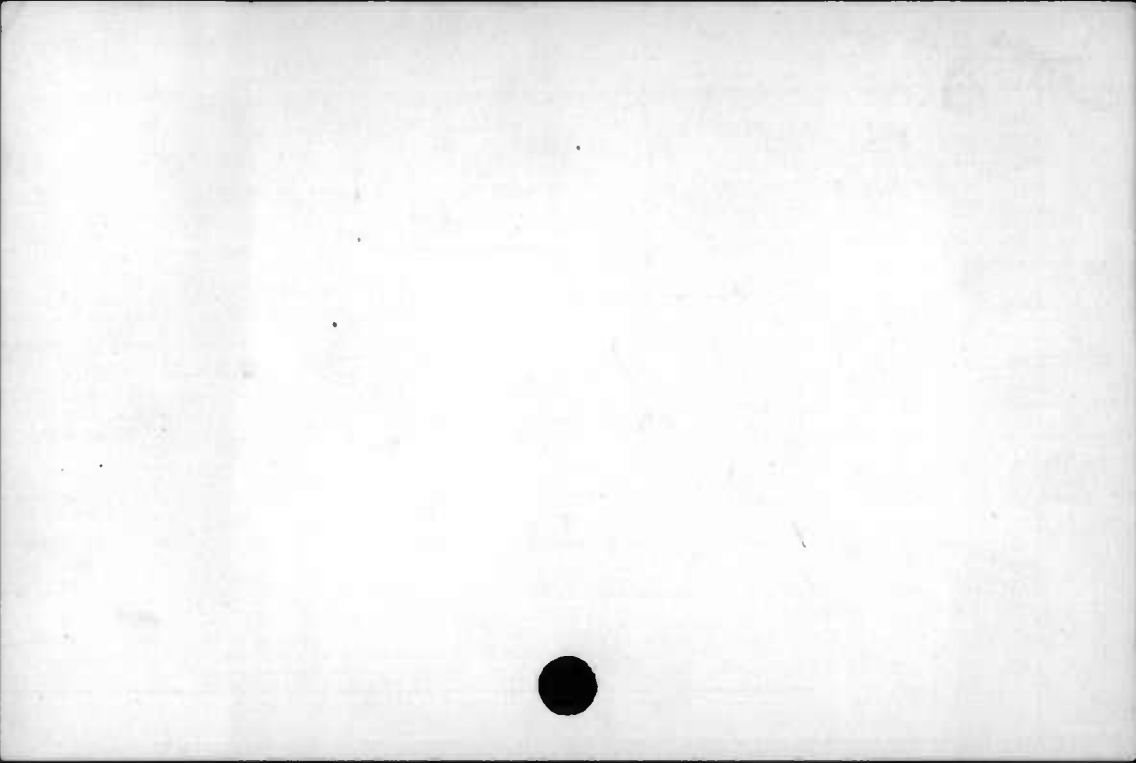
Died at <i>Dry-run</i> Town		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month	8	Day	5
Age		Years	21	Months	14
Sex	Female.		Color or Race	white	
Birth-place	Maryland				
Occupation	Housewife		Where Residing if not at place of death <i>Dry-run.</i>		
Married, <i>Yes</i>	Name of Wife or Husband <i>Howard Householder.</i>				
Father's Name	<i>William Staley.</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Eliza Ann Bloom.</i>			Mother's Birthplace	<i>Penn.</i>
Name of person giving information	<i>Mrs Wm Staley.</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	<i>Conception. 4th birth.</i>	How long	<i>one week.</i>
Immediate	<i>Uterine Inflammation.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>Harry B. Christman</i>
		Address	<i>Wilmington, Penna.</i>
Accident or Suicide?			



Name in Full		Henry P Izer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Avis Mill		Mas.		MARYLAND	
	Date of death	1908	Month Aug	Day 2	Years 76	Months 10	Days 14
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Mas Co Pa	
	Married Single or Widowed	Name of Wife or Husband		Unknown			
	Father's Name	Jacob Izer		Father's Birthplace		Franklin Co Pa	
	Mother's Maiden Name	Rebecca Ogle		Mother's Birthplace		Smithing - Pa	
Name of person giving information	Susan Hamburg		How related to deceased		Sister		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(79)</div>							
PHYSICIAN OR CORONER	Primary	Acute Cardiac Dilatation				How long	3 weeks
	Immediate	Acute Cardiac Failure				How long	10 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	W. M. Reichard	
					Address	Fairplay	
<div style="text-align: center;">Accident or Suicide?</div>							

J. F. Kreps

Undertaker

Williamport

Aug. 4/08

M cl

2818

Name
in
Full

Anna Madeline Ellis

CERTIFICATE OF DEATH

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date of death 1908 ^{Month} 8 ^{Day} 29 ^{Age} ^{Years} ^{Months} 5 ^{Days} 14

Sex Female Color or Race White Birth-place Md

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Robert D. Ellis

Father's
Birthplace

Md

Mother's
Maiden Name

Rose M. Fisher

Mother's
Birthplace

Md

Name of person giving
Information

Robert D. Ellis

How related
to deceased

Father

CAUSES OF DEATH

14

Primary

Dysentery

How long

4 wks

Immediate

Exhaustion from Convulsion

How long

2 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. P. Humphreys

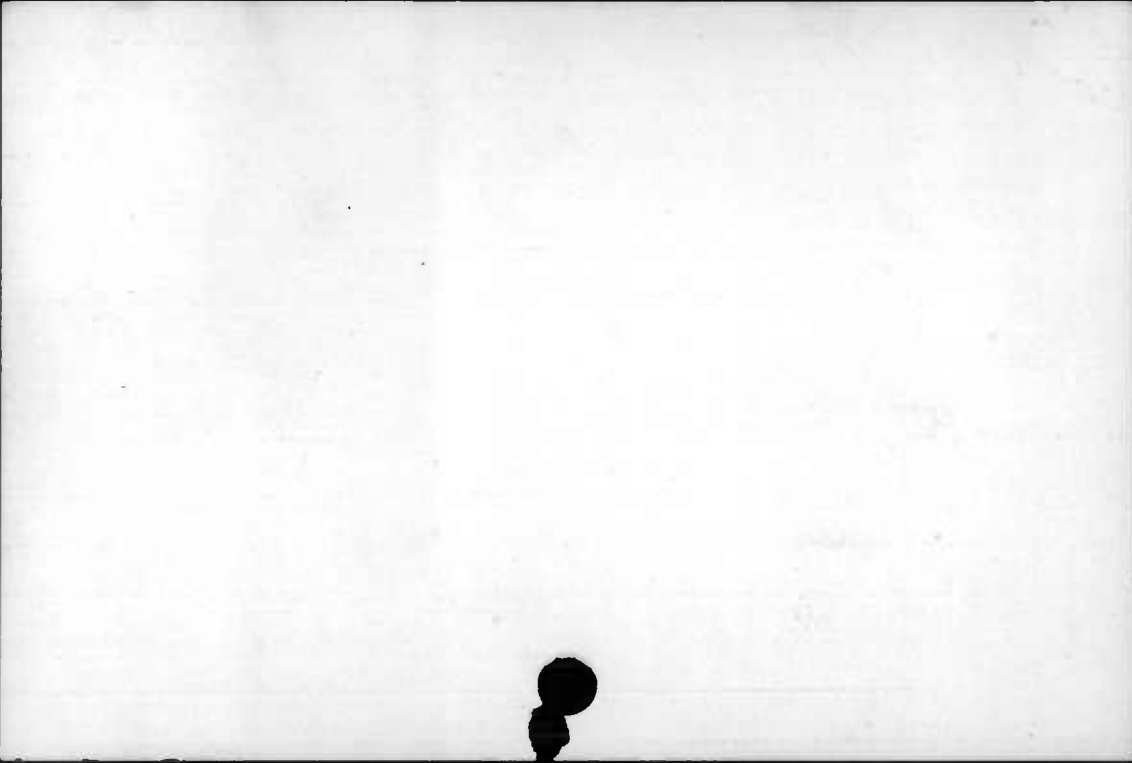
Address

Hagerstown, Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *maured Child* *Kendall* *Worthington* *MARYLAND*

Died at *Hoptown* Town *Worthington* County

Date of death *1908* *8* Month *29* Day Age *-* Years Months *-* Days *1*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Child* Where Residing if not at place of death *Home*

Married, Single *-* or Widowed Name of Wife or Husband *-*

Father's Name *John Kendall* Father's Birthplace *MD*

Mother's Maiden Name *Mabel Billings* Mother's Birthplace *MD*

Name of person giving information *Mrs. Billings* How related to deceased *Mother*

CAUSES OF DEATH

157

PHYSICIAN
OR CORONERPrimary *Heart Weakness*How long *-*Immediate *..*How long *-*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?

2

Name
in
Full

Gertrude Steffy King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month Aug	Day 1	Age 42	Years 6	Months 13
Sex Female		Color or Race White		Birth-place Williamsport			
Occupation Housekeeper		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband W. H. Z. King					
Father's Name W. Steffy		Father's Birthplace Williamsport, Md.					
Mother's Maiden Name Caroline S. Baker		Mother's Birthplace " "					
Name of person giving information W. H. Z. King		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lung.	How long	One year
Immediate	Asthenia	How long	3 months
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Ernest W. Gauthier	
Address		Williamsport, Md.	
Accident or Suicide?			

J. F. Kreps

Undertaker

Williamport

Md

Name
in
Full

Paul Kreps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagerstown* ^{Town} *Wash.* ^{County} **MARYLAND**

Date of death 1908 *Aug* ^{Month} *23* ^{Day} Age *27* ^{Years} *6* ^{Months} *16* ^{Days}

Sex *male* Color or Race *white* Birthplace *Ind.*

Occupation *Farmer* Where Residing if not at place of death *Reisterstown Md.*

Married, Single or Widowed *married* Name of Wife or Husband *Ether Ethelene Kreps*

Father's Name *James B Kreps* * Father's Birthplace *Ind.*

Mother's Maiden Name *Cora Bell* Mother's Birthplace *"*

Name of person giving information *James B Kreps* How related to deceased *Father*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Melanoma, Hepatic* How long *6 weeks*

Immediate *Hemorrhage, shock* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. J. Thomas*

Address *Hagerstown Ind.*

Accident or Suicide? *No*

S

St Pauls

Aug - 25-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Jacob Lakin*

Town *Sharpsburg* **County** *Washington* **State** *MARYLAND*

Died at *Sharpsburg Washington*

Date of death *1908* **Month** *Aug* **Day** *16* **Age** *80* **Years** *11* **Months** *3* **Days**

Sex *Male* **Color or Race** *White* **Birth place** *Jefferson, Fred Co*

Occupation *Saddler* **Where Residing if not at place of death** *Jefferson, Fred Co*

Married, Single or Widowed *Widowed* **Name of Wife** *Amanda Lakin Dec'd*

Father's Name *Abraham Lakin* **Father's Birthplace** *Jefferson, Fred Co*

Mother's Maiden Name *Elizabeth Gross* **Mother's Birthplace** *" "*

Name of person giving information *Mattie A. Lakin* **How related to deceased** *"Daughter"*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Organic Heart Disease* **How long** *years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. M. Garrett*

Address *Sharpsburg, Md.*

Accident or Suicide?

Chas. S. Wade
Undertaker

Name in Full R H Lewis		Town Fridley Farm		County Was.		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months 2	
Month Aug		Day 24		Years		Days 2	
Sex Male		Color or Race White		Birth-place Farmington			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed Single		Name of Wife or Husband _____					
Father's Name R. H. Lewis		Father's Birthplace Reedsville					
Mother's Maiden Name Effie Thomas		Mother's Birthplace Marysville					
Name of person giving information R H Lewis		How related to deceased Father					
				CAUSES OF DEATH		105	
Primary Dis. Colitis.		How long 3 days.					
Immediate Exhaustion.		How long 36 hours.					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Ernest N. Gauthier.		Address Williamport.			
Accident or Suicide?							

Mutual

J. F. Krep,
Williamport,
Ma

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

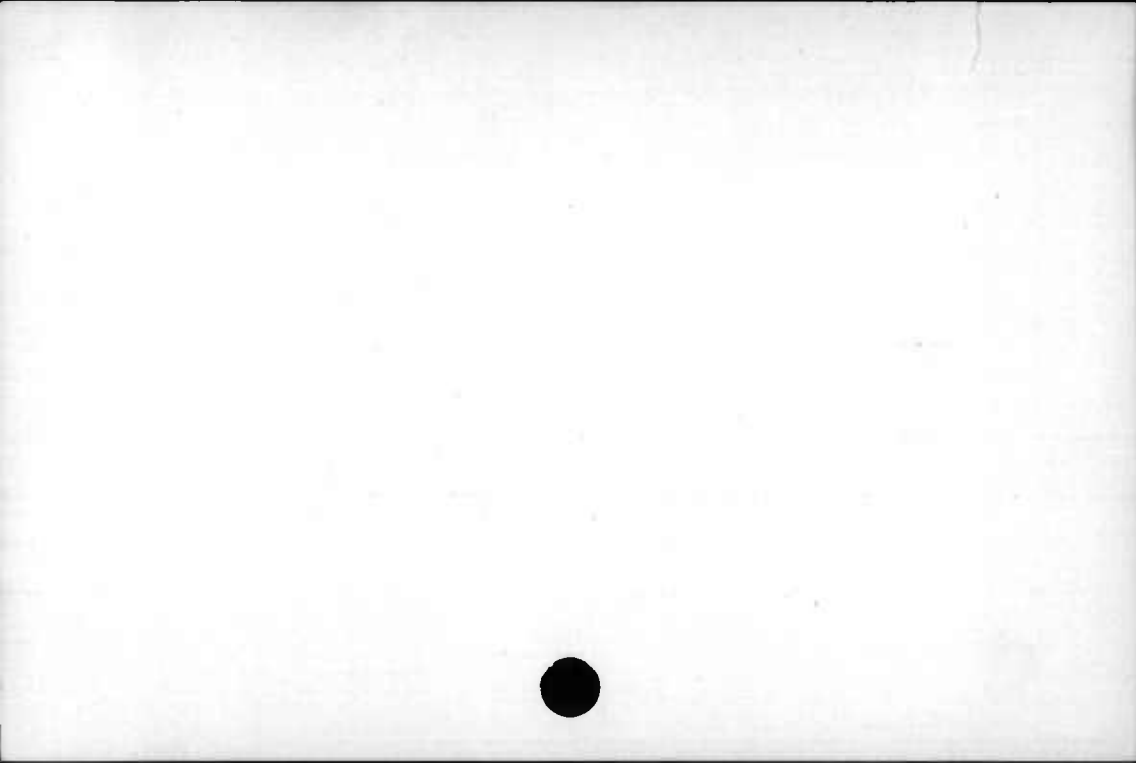
Died at <i>Douville</i> Town <i>Washington</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>12</i>	Age <i>1</i> Years <i>6</i> Months <i>14</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Douville</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Guy W. Long</i>	Father's Birthplace <i>Douville</i>		
Mother's Maiden Name <i>Therese S. Burger</i>	Mother's Birthplace <i>Douville</i>		
Name of person giving information <i>Guy W. Long</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteritis</i>	How long <i>3 mos</i>
Immediate <i>Shiga colitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V. M. Reichard</i>
	Address <i>Hairplay</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

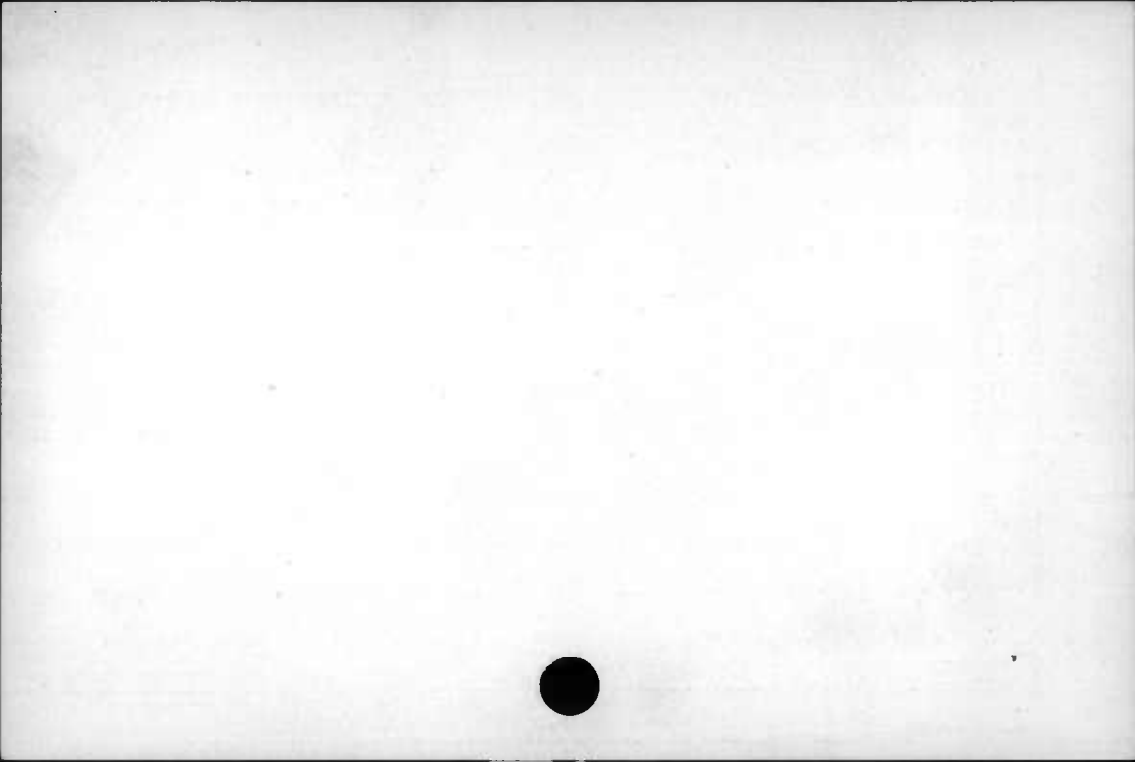
Name in Full <i>Harry Peterson Lowry</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Blue Ridge Summit</i>		Town <i>Blue Ridge Summit</i>		City <i>Washington</i>	
Date of death	1908	Month	August	Day	17 th
Age	Years		Months		Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Birth-place	<i>Baltimore</i>				
Occupation	<i>✓</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>✓</i>		Name of Wife or Husband		
Father's Name	<i>Robert Bruce Lowry</i>			Father's Birthplace	<i>Virginia</i>
Mother's Maiden Name	<i>Hilda Peterson</i>			Mother's Birthplace	<i>Norman</i>
Name of person giving information	<i>" "</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

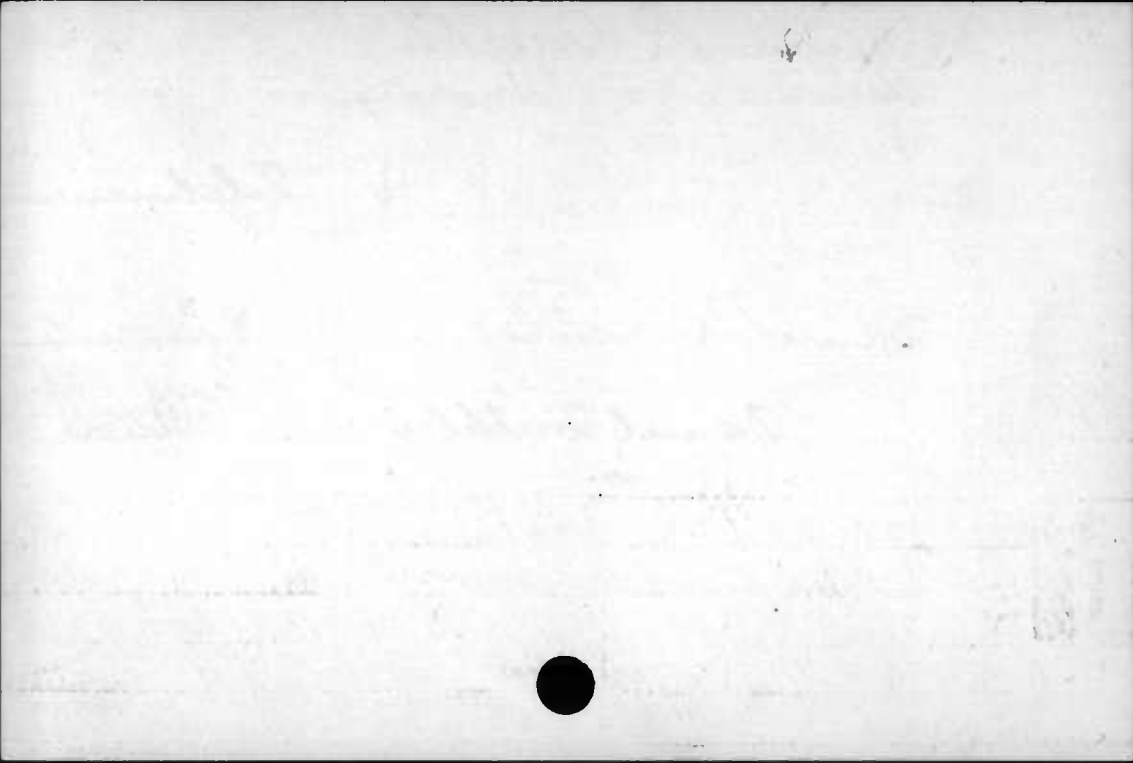
105

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>5 days</i>
Immediate	<i>Anemia</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. Trustad Taylor</i>
		Address	<i>Blue Ridge Summit Md.</i>
Accident or Suicide?			



Name in Full		Master		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Smethsburg	Washington	MARYLAND			
	Date of death	1908	August	11	Age	—	Months — Days —
	Sex	Male	Color or Race	White	Birth-place	Smethsburg	
	Occupation	Laborer none		Where Residing if not at place of death	Smethsburg		
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	J F Master		Father's Birthplace	Smethsburg		
	Mother's Maiden Name	Effie M Reynolds		Mother's Birthplace	Smethsburg		
Name of person giving information	J F Masters		How related to deceased	Father			
CAUSES OF DEATH							(S)
PHYSICIAN OR CORONER	Primary	—				How long	—
	Immediate	Still Born				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. C. H. Taylor		
				Address	Smethsburg Md.		



Name
in
Full

Virginia R. Mickle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

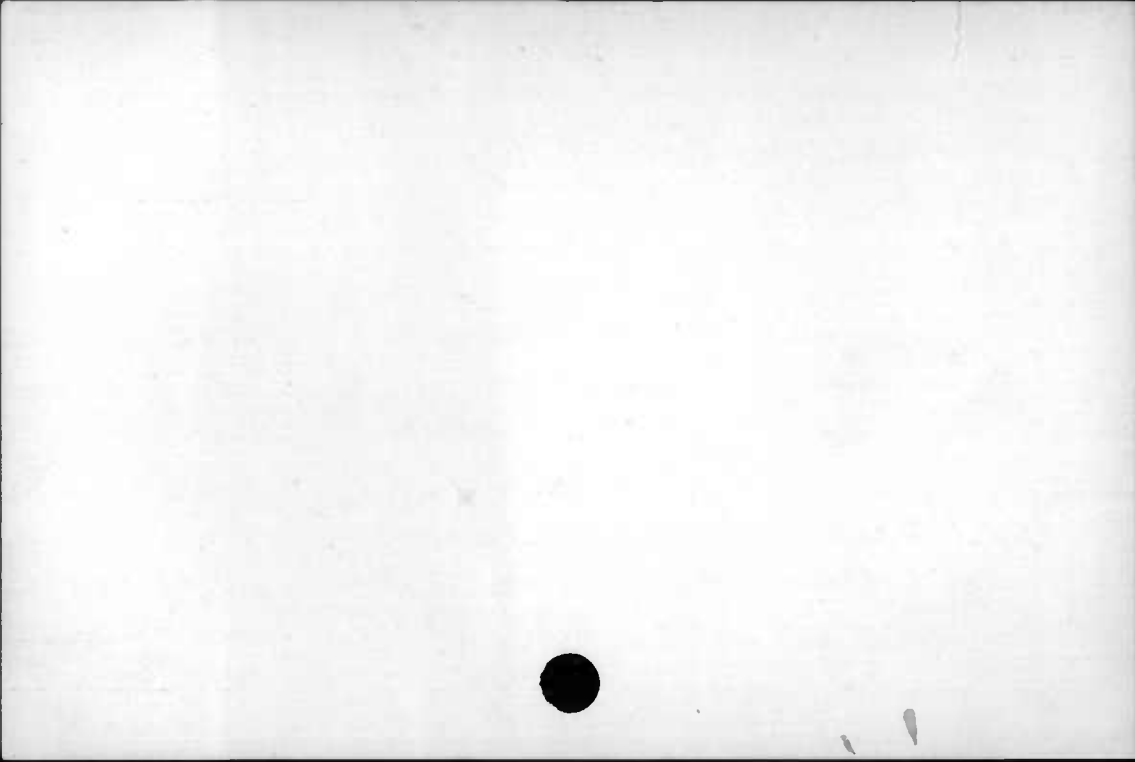
Died at <u>Tilghmanston</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>8</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u> Months <u>—</u> Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Tilghmanston</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Daniel Mickle</u>			Father's Birthplace <u>Greencastle Pa</u>		
Mother's Maiden Name <u>Ray Whitlock</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Daniel Mickle</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary	<u>Hemorrhagic Disease of newborn</u>		How long	<u>1 week</u>
Immediate	<u>Umbilical Hemorrhage</u>		How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>N. M. Rerichard</u>	
			Address <u>Fairplay</u>	
<u>Accident or Suicide?</u>				



Name
in
Full

Ethel E Middlekuff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smokestown		County Washington		MARYLAND	
Date of death		Month August		Day 15		Years 1	
Sex Female		Color or Race White		Birth- place Smokestown		Months 14	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John H. Middlekuff				Father's Birthplace Maryland			
Mother's Maiden Name Sarah Zahm				Mother's Birthplace Maryland			
Name of person giving Information Lurinda Zahm				How related to deceased Aunt			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Meningitis		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. T. Smith	
Yes		Address Brounboro Md.	
Accident or Suicide?			



Name in Full		Ida Matilda Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pinesburg		Washington		MARYLAND		
	Date of death	1908	Aug	12	Age	16	Months 11 Days 26	
	Sex	Female		Color or Race	White		Birth-place	Wilson
	Occupation	Housekeeper		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Isaac D Miller				Father's Birthplace	Pinesburg	
	Mother's Maiden Name	Sallie V. Grove Beech				Mother's Birthplace	Wilson	
Name of person giving information	Isaac D Miller				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Gastro-enteritis				How long	3 weeks	
	Immediate	Exhaustion				How long	6 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Accident or Suicide?			

A. F. Keefe Aug 12-08
Undertaker
Williamstown
Ma

Name
in
Full

Auremelina Moor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ~~Highland~~ ^{Highland} ~~Blue Ridge Summit~~ ^{Blue Ridge Summit}

Washington County

MARYLAND

Date of death 1908 August

Day 19th

Age — Years

Months 10

Days

Sex female

Color or Race

white

Birth-place

Baltimore.

Occupation

✓

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

✓

Father's Name

Albert Moore

Father's Birthplace

Horton Springs Maryland

Mother's Maiden Name

Analis Bonick

Mother's Birthplace

Berlin Germany

Name of person giving information

Analis Bonick

How related to deceased

Mother.

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enterocolitis

How long

Two weeks

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

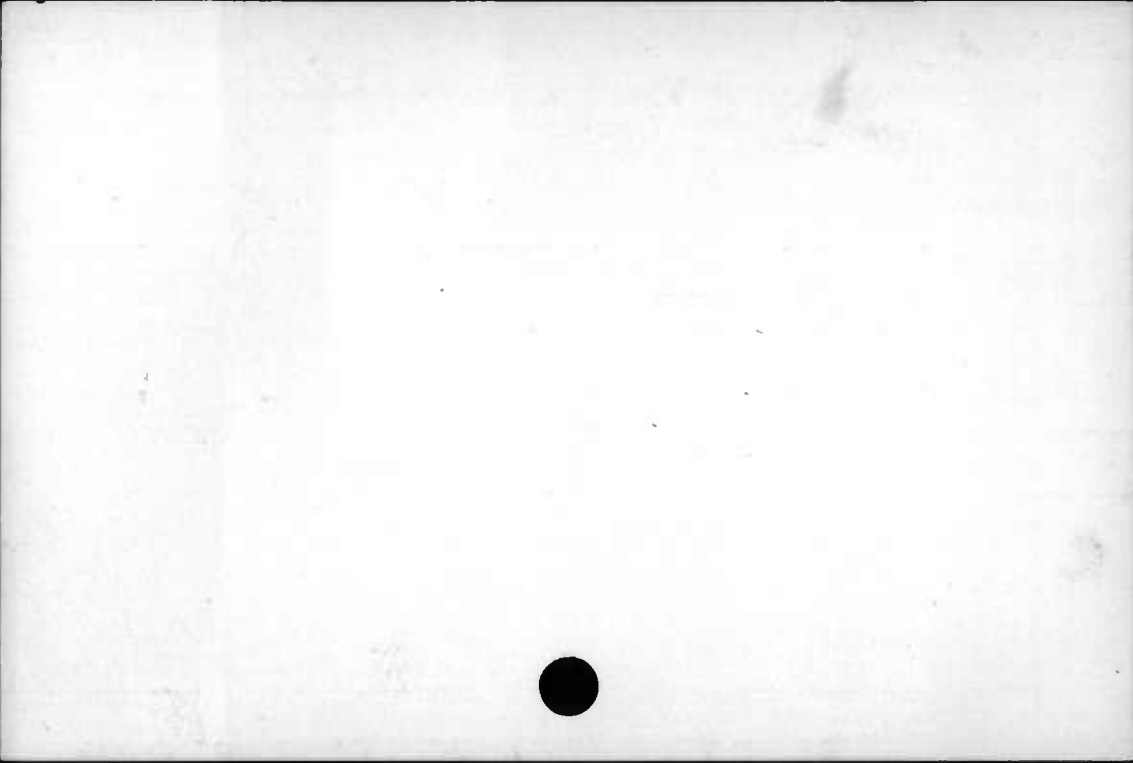
Signature of Physician

P. Gustav Taylor M.D.

Address

Blue Ridge Summit Md

Accident or Suicide?



Name
in
Full

Mrs Elizabeth Moten

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hagers town* Town *Wash* County *MARYLAND*

Date of death *1908* Month *Aug.* Day *15* Age *48* Years *7* Months *6* Days

Sex *Female* Color or Race *colored* Birth-place *Va*

Occupation *N. W.* Where Residing if not at place of death

Married, Single or Widowed *married* Name of wife or Husband *Benjamin Moten*

Father's Name *John Nelson* Father's Birthplace *Va*

Mother's Maiden Name *Not Known* Mother's Birthplace *"*

Name of person giving information *Benj Moten* How related to deceased *husband*

CAUSES OF DEATH

How long

How long

PHYSICIAN
OR CORONER

Primary

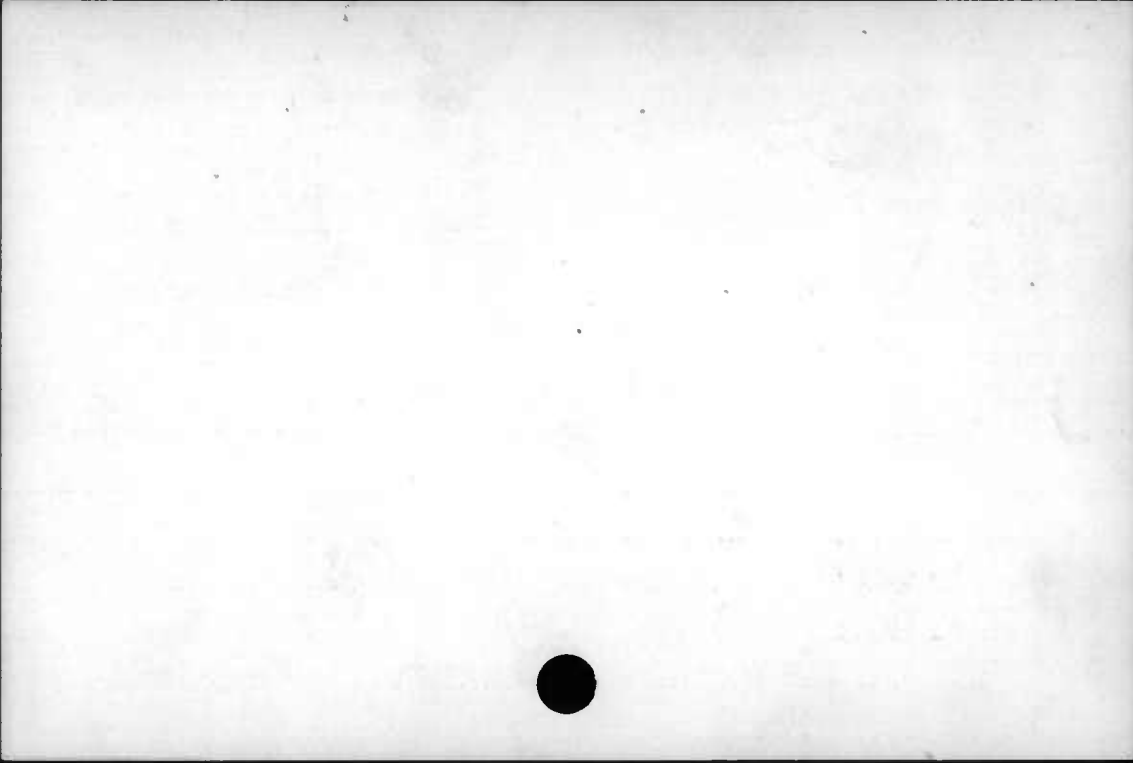
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Hagerstown* ^{Town} *Wash.* ^{County}Date of death *1908* ^{Month} *Aug* ^{Day} *3* ^{Years} *Age* ^{Months} *Days*Sex *female* Color or Race *white* Birth-place *Md.*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *single* Name of Wife or Husband *—*Father's Name *Clayton Neikirk* Father's Birthplace *Md.*Mother's Maiden Name *Ida Hennessy* Mother's Birthplace *"*Name of person giving information *Clayton Neikirk* How related to deceased *father*

CAUSES OF DEATH

Primary *✓*How long *5*Immediate *Diffcult Labor (Large Child)*How long *✓*Are the name, age, sex, color, date and place correctly given above? *yes.*Signature of Physician *W. H. J. Miller, Jr.*Address *Hager Md.*Accident or Suicide? *no*

S
Aug. 4
2819

S.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

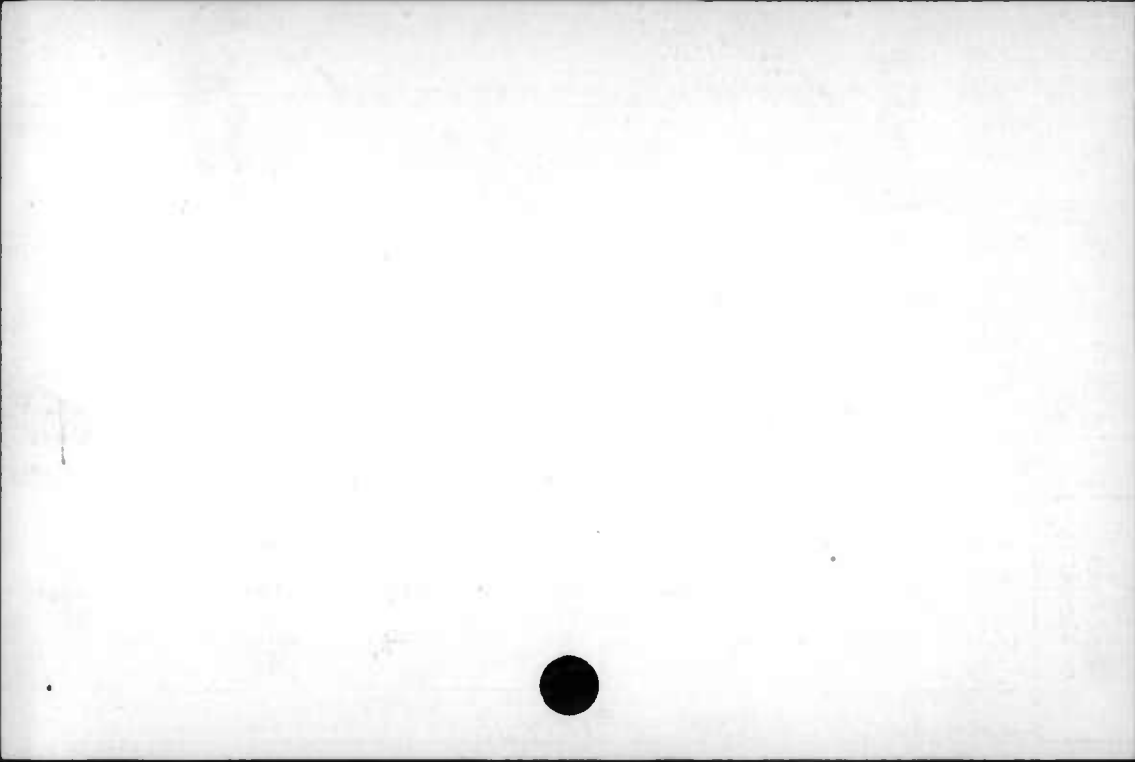
Died at <i>Smithsburg</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908 Aug</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>73</i>	Years <i>7</i>	Months <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Smithsburg</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Smithsburg</i>				
Married, <i>—</i> or <i>Widowed</i>	Name of Wife or Husband <i>Elyzabeth Nizer</i>				
Father's Name <i>Fredrich Nizer</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Smithsburg</i>		
Mother's Maiden Name <i>Elyzabeth Lushack</i>	Name of person giving information <i>John W Nizer</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>one year</i>
Immediate <i>Acute Indigestion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. Kefauver</i>
	Address <i>Smithsburg Maryland.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>J. W. Platt</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at		Month <i>Aug</i>		Day <i>1</i>		Years <i>about 50</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Not Known</i>			
Occupation <i>Not Known</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Chas E. Suter</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Pistol wound</i>	How long <i>Immediate</i>
Immediate <i>Pistol wound</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. Daniel C. Watkins</i>
	Address <i>Hagerstown Ind.</i>
Accident or Suicide? <i>Found dead</i>	

S
Bellone
aug, 3/08
2816

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

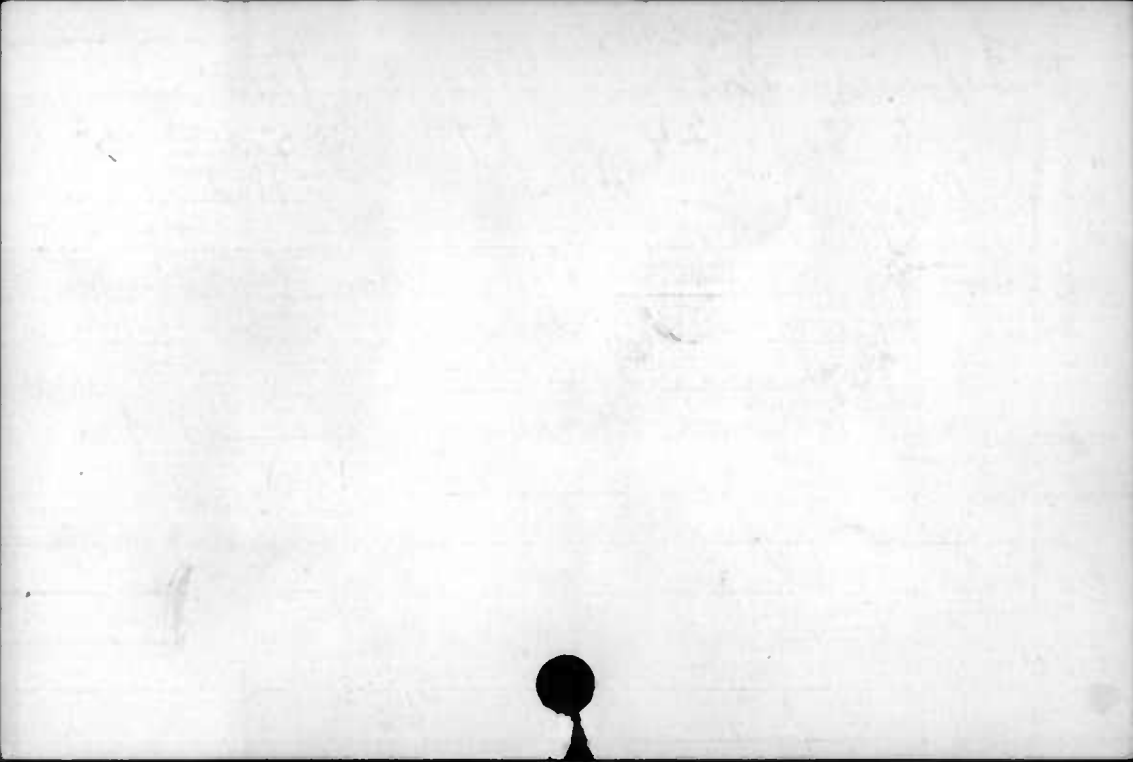
Name in Full John Ryndar		Town Louise-Grove		County Washington		State MARYLAND	
Died at Louise-Grove		Date of death 1906		Age 67		Months 5	
Month 8		Day 24		Years 67		Days 5	
Sex Male		Color or Race White		Birth-place Washington Co			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband Malinda Ryndar					
Father's Name Hiram Ryndar		Father's Birthplace Don't Know					
Mother's Maiden Name Rosanna Longman		Mother's Birthplace Don't Know					
Name of person giving information Malinda Ryndar		How related to deceased Wife					

CAUSES OF DEATH

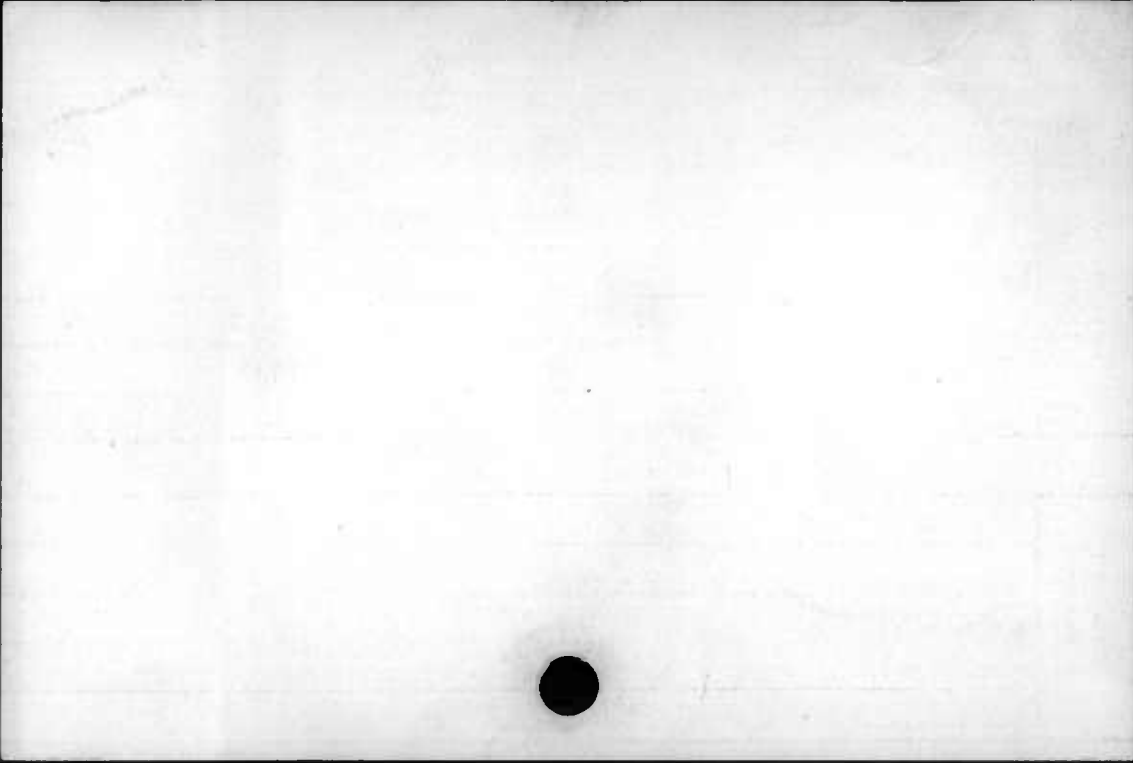
(120)

PHYSICIAN
OR CORONER

Primary Chronic Interstitial Nephritis	How long 5 years
Immediate Paralysis	How long 48 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. M. Fisher
	Address Heedsville Md
Accident or Suicide? —	



Name in Full		BENJAMIN F. KING				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Hagerstown</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>8</u> <small>Day</small> <u>15</u>		Age <u>73</u> <small>Years</small>		<u>9</u> <small>Months</small> <u>11</u> <small>Days</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>	
		Occupation <u>Farmer</u>		Where Residing if not at place of death <u> </u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary E. Brogumie</u>			
		Father's Name <u>Elias King</u>		Father's Birthplace <u>Md</u>			
		Mother's Maiden Name <u>Mary E. Betz</u>		Mother's Birthplace <u>Md</u>			
		Name of person giving information <u>Mary E. King</u>		How related to deceased <u>Wife</u>			
		CAUSES OF DEATH				<u>142</u>	
PHYSICIAN OR CORONER		Primary <u>Seizure</u>		How long <u> </u>			
		Immediate <u>Face pale, faint for</u>		How long <u>Several months</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. P. Scott</u>			
				Address <u>Hagerstown</u>			
		Accident or Suicide? <u> </u>					



Name
in
Full

Arabella Frances Rowland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

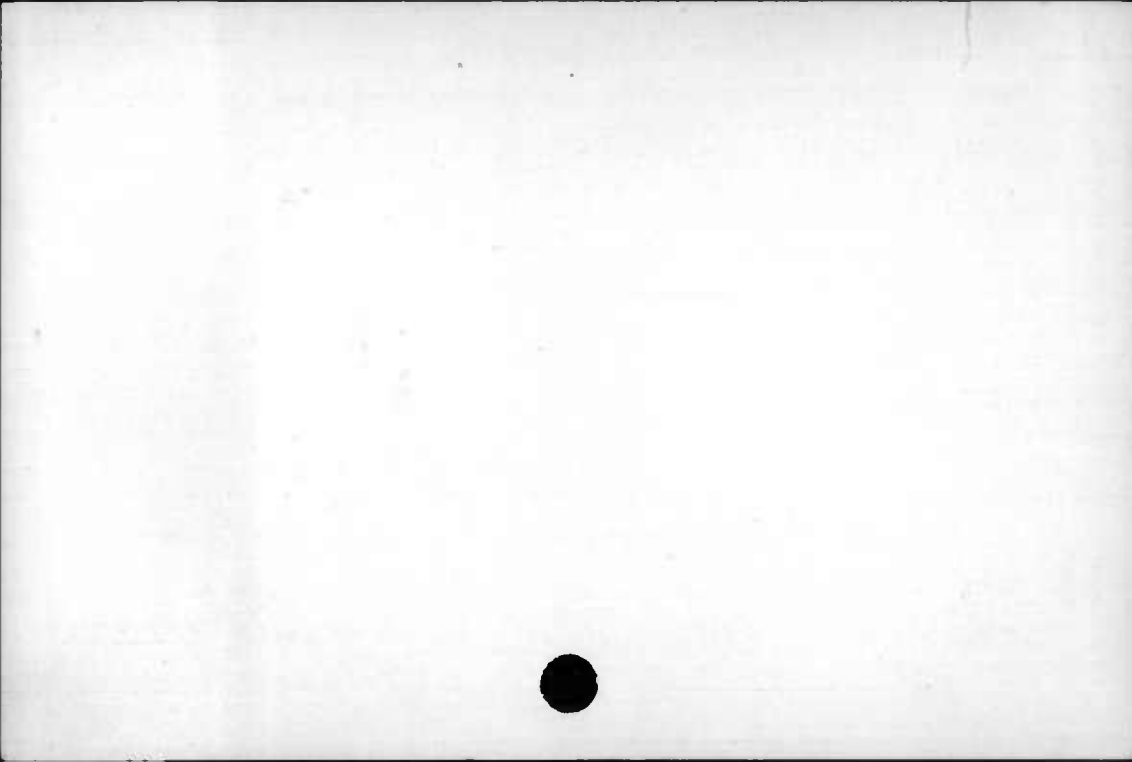
Died at		Town Downtownville		County Washington		MARYLAND	
Date of death	1908	Month Aug	Day 29	Age 40	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	md
Occupation	Housewife			Where Residing if not at place of death		at Home	
Married, Single or Widowed	Married		Name of Husband	Chas. L. Rowland			
Father's Name	Samuel Sumner					Father's Birthplace	md
Mother's Maiden Name	Ryan Dagenhart					Mother's Birthplace	md
Name of person giving In formation	Horton Sumner					How related to deceased	Brother

CAUSES OF DEATH

101

PHYSICIAN
OR CORONER

Primary	Septic Abscess of Throats		How long	6 weeks
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	B. M. Reichard
			Address	Hair play.
Accident or Suicide?				



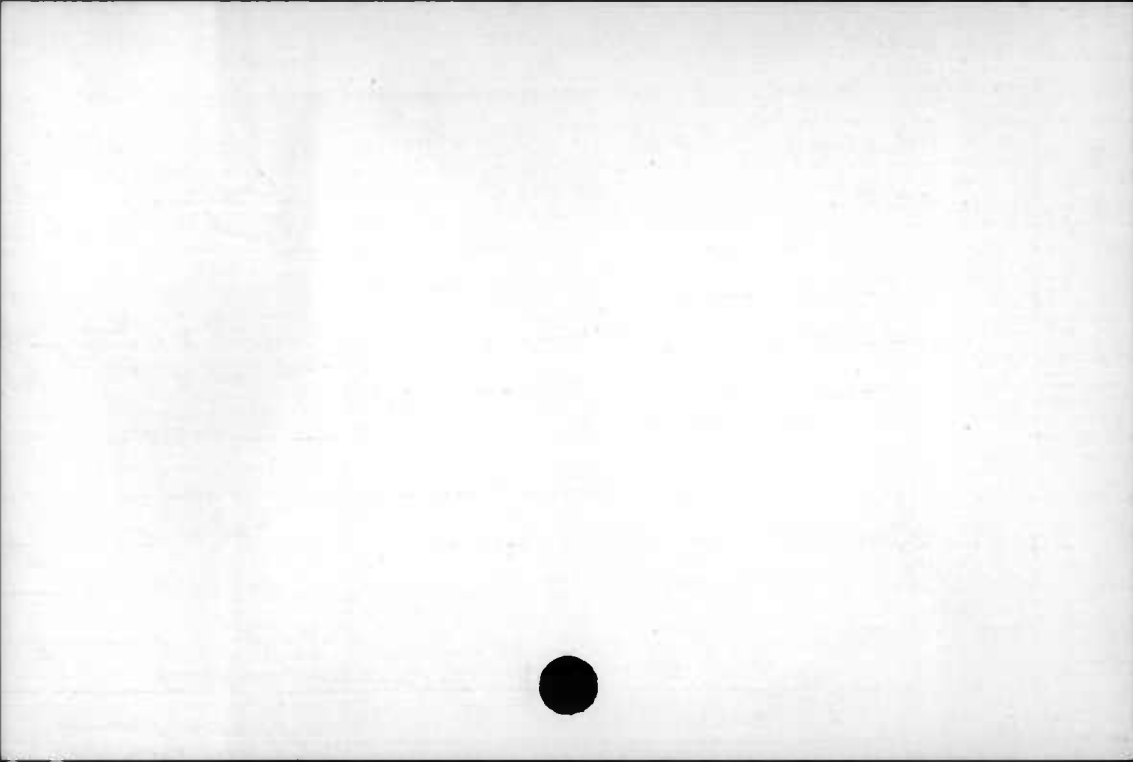
Name in Full		Certificate of Death			
Earl E. Saurin		Town Hagers town		County Washington	
Died at		State MARYLAND			
Date of death		190	6	21	3
Sex		Male	Color or Race	White	Birth-place
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Jesse E. Saurin		Father's Birthplace	
Mother's Maiden Name		Margaret M. Quaid		Mother's Birthplace	
Name of person giving information		Jesse E. Saurin		How related to deceased	
		CAUSES OF DEATH		105	
Primary		Acute Gastric Infection		How long	
Immediate		"		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?				Hogers town Md.	

Shuan Soah, va

Name in Full Clifford Shank		CERTIFICATE OF DEATH	
Died at Big Pool Town		Washington County	
Date of death 1908 August Month		7 Day	Age _____ Years
		Months _____	Days 21
Sex Male		Color or Race White	Birth-place Big Pool
Occupation None		Where Residing if not at place of death _____	
Married, Single or Widowed Single		Name of Wife or Husband _____	
Father's Name Samuel Shank		Father's Birthplace Big Pool	
Mother's Maiden Name Ada Grimes		Mother's Birthplace Big Pool	
Name of person giving information Samuel Shank		How related to deceased Father	
CAUSES OF DEATH			
Primary Marasmus		151 How long 21 days	
Immediate Inanition		How long 21 "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. O. Perry	
		Address Clearspring Md	
Accident or Suicide?			

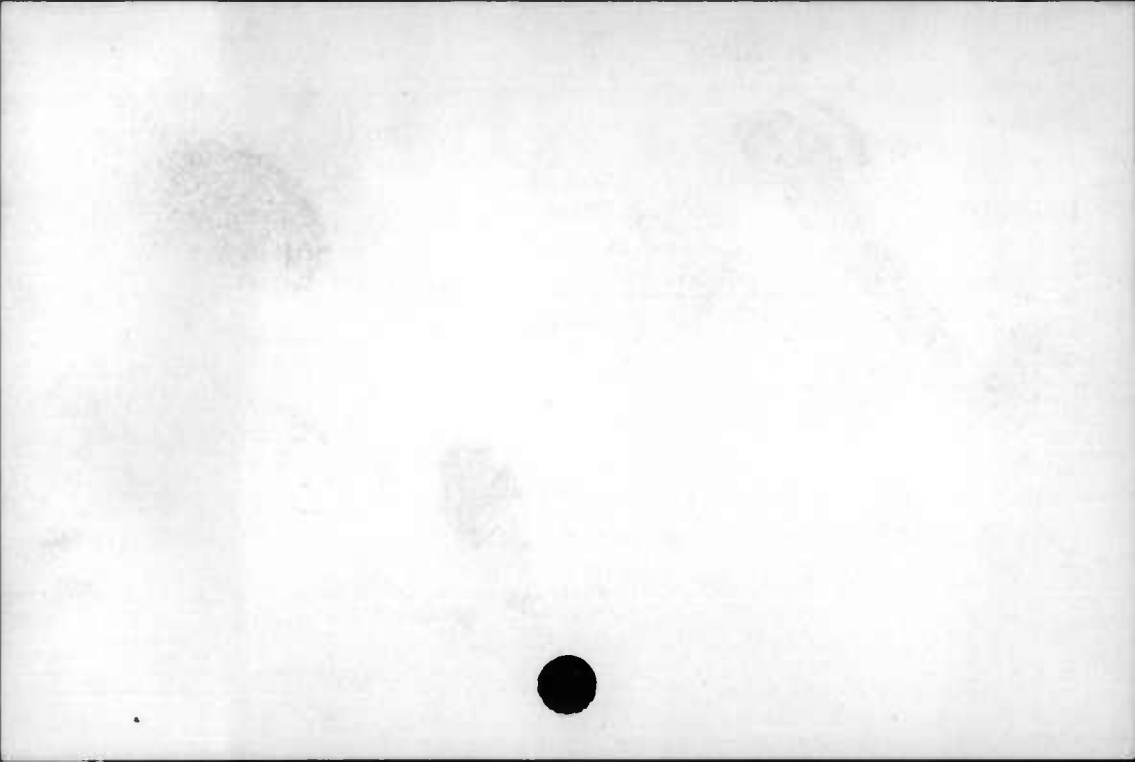
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Florence Irene Shank		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Big Pool <small>Town</small>	Washington <small>County</small>	MARYLAND
	Date of death 1908 Aug <small>Month</small>	3rd <small>Day</small>	16th <small>Days</small>
	Sex Female	Color or Race White	Birth-place Big Pool Ind
	Occupation None	Where Residing if not at place of death Big Pool Ind	
	Married, Single or Widowed Single	Name of Wife or Husband None	
	Father's Name Samuel Shank	Father's Birthplace Big Pool Ind	
	Mother's Maiden Name Ada M. Grimes	Mother's Birthplace Big Pool Ind	
Name of person giving information Amos Grimes		How related to deceased Grandfather	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Marasmus	How long 12 days	
	Immediate Inanition	How long 3 days.	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. P. Perry	
		Address Clearspring Maryland	
	Accident or Suicide?		

151



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lucy Barton Shipley</i>		Town <i>Blue Ridge Summit</i>		County <i>Washington</i>		MAYLAND	
Died at <i>Blue Ridge Summit</i>		Month <i>August</i>		Day <i>24</i>		Years <i>1908</i>	
Date of death <i>1908 August 24</i>		Age <i>6</i>		Months <i>23</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>✓</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>J. Lester Shipley Jr.</i>				Father's Birthplace <i>Easton, Md</i>			
Mother's Maiden Name <i>Susan Rivers Byrd</i>				Mother's Birthplace <i>Winchester, Va.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Bleeding-Enteritis</i>	How long <i>1 week</i>
Immediate <i>Anemia</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Inustall Taylor M.D.</i>
	Address <i>Blue Ridge Summit, W.Va.</i>
Accident or Suicide?	

and

Blue Rock Mountain

Dr. J. C. Cullen

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

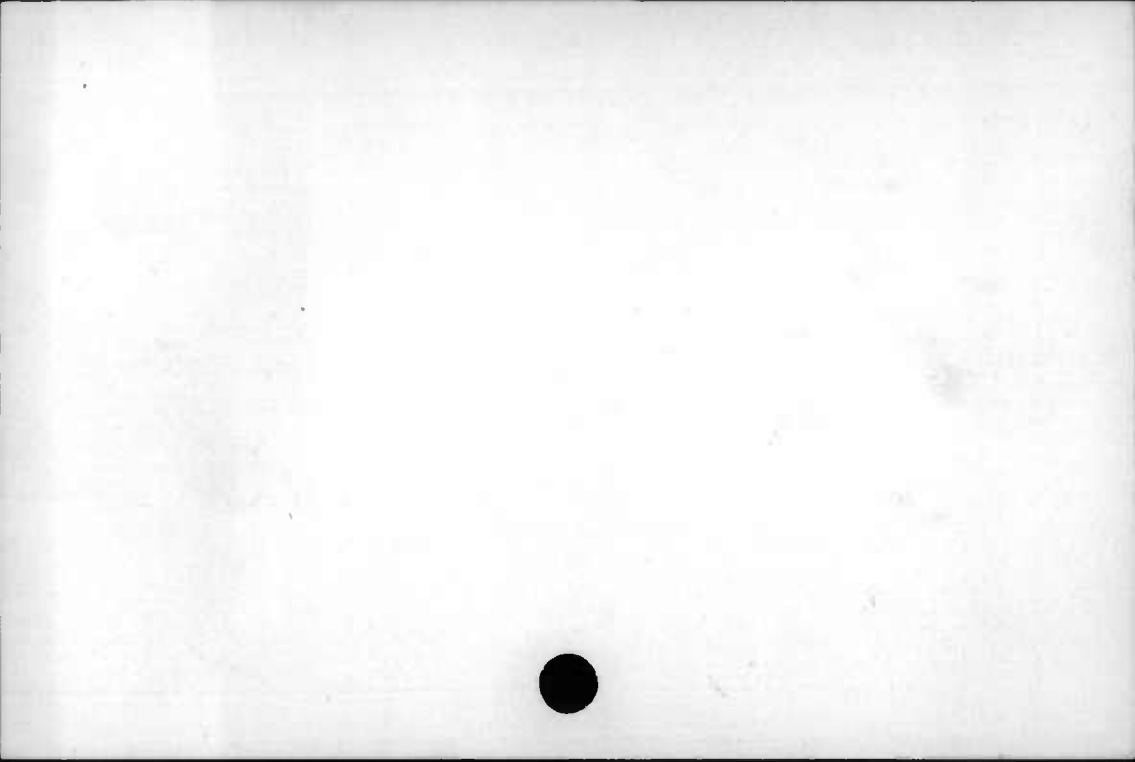
Name in Full <i>Geo W. Smith</i>		Town <i>Hagerstown</i>		County <i>Hash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Aug</i>		Day <i>22</i>		Years <i>79</i>	
Date of death <i>1908 Aug 22</i>		Age <i>79</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Dont Know</i>			
Occupation <i>Dont Know</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dont Know</i>					
Father's Name <i>Capt. Geo Smith</i>		Father's Birthplace <i>Dont Know</i>		Mother's Birthplace <i>Dont Know</i>			
Mother's Maiden Name <i>Dont Know</i>		How related to deceased <i>Supt. Bellone</i>		Name of person giving information <i>S. Summer</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Supraventricular Aproply</i>		How long <i>Dont Know</i>	
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Wutz</i>	
		Address <i>Hagerstown - Md</i>	
Accident or Suicide?			



Name
in
Full

Samuel K. Snively

111
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Williamsport</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	<i>8</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>67</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Franklin Co. Pa</i>			
Occupation <i>Doctor</i>	Where Residing if not at place of death <i>Williamsport Md</i>				
Married, Single <i>Married</i>	Name of Wife or Husband <i>Annie E. Snively</i>				
Father's Name <i>John. Snively</i>	Father's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>Mary. Keiper</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Annie E. Snively</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Coronary Hypertrophy</i>	How long <i>2 years</i>
Immediate <i>Changement</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. W. L. Hatter</i>
	Address <i>Williamsport, Md.</i>
Accident or Suicide?	

J. M. Miller
Williamsport
Md.
"

Aug. 12/08

Name
in
Full

Daniel M Stahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salem</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>11</i>	Age	<i>78</i>	Months <i>2</i>	Days <i>3</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>Pa.</i>
Occupation	<i>Fence Maker</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Margaret A. Stahl</i>			
Father's Name	<i>John Stahl</i>				Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Jane Maginess</i>				Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>Fred Stahl</i>				How related to deceased	<i>son</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>chronic nephritis & Endocarditis</i>	How long	<i>3-4 yrs</i>
Immediate	<i>Exhaustion & Sarcemia</i>	How long	<i>1-3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. P. Miller</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>No</i>		

Salem
Suter

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>8</u>	Day <u>26</u>	Age <u>8</u>	Months <u>3</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>Sammy A. Statterman</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Bessie L. Shuff</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Bessie L. Shuff</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <u>Lacerated stomach & wounds of abdomen & contents.</u>	How long <u>Instant</u>
Immediate <input checked="" type="checkbox"/> <u>Trolley car accident.</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>no</u>	Signature of Physician <u>Wm. D. Miller Jr.</u>
Address <u>Hagerstown Md</u>	
Accident or Suicide <u>yes.</u>	

Mapleville,

L. M. Watkins

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Thelma Hallie Swartz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Aug</i>		Day <i>3</i>		Age <i>4</i> <i>15</i>	
Date of death <i>1908</i>		Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband —					
Father's Name <i>Sewell C Swartz</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Hallie Isaacogle</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>S. C. Swartz</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

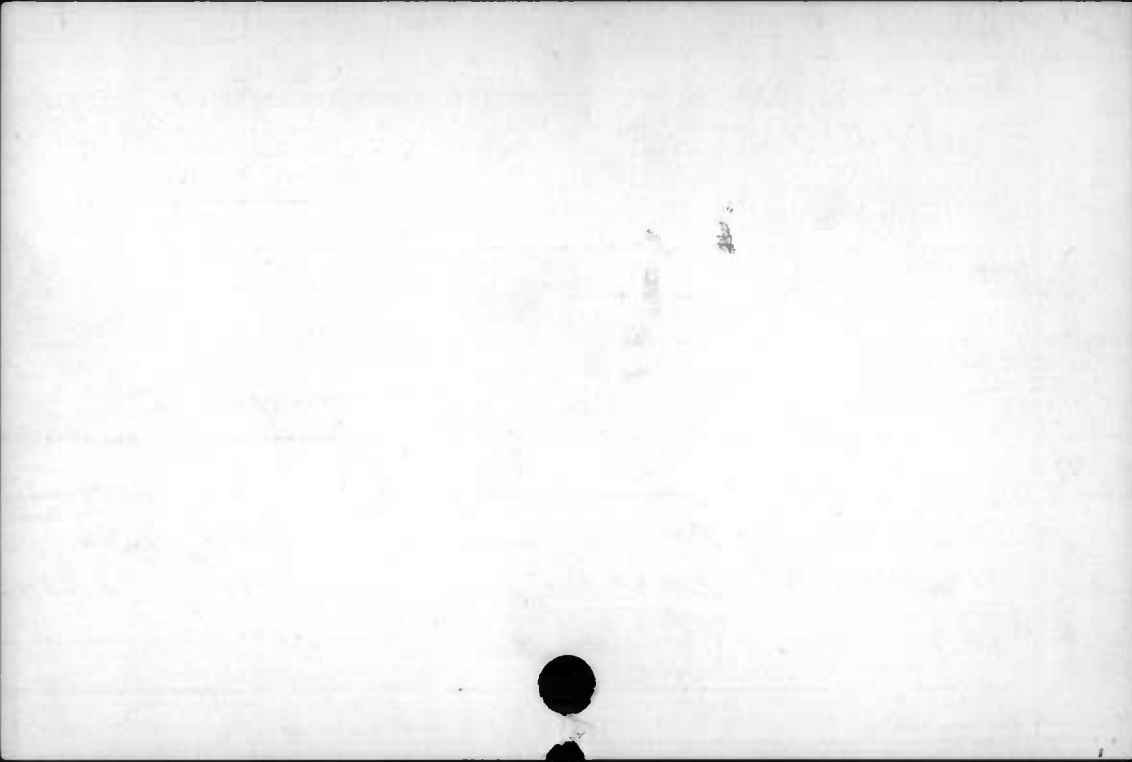
Primary <i>Spinal Meningitis</i>	How long <i>3 days</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. J. Hauffer</i>
Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>No</i>	

S

Aug. 14

2820

Name in Full Dora Gable Swore		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Clearspring <small>Town</small>		Washington <small>County</small>		MARYLAND
	Date of death 1908	8 <small>Month</small>	21 <small>Day</small>	97 <small>Years</small>	4 <small>Months</small>
				4 <small>Days</small>	
	Sex Female	Color or Race white	Birth-place Germany		
	Occupation Housewife	Where Residing if not at place of death Clearspring			
	Widowed	Name of Widow Husband Casper Swore			
	Father's Name Not Known	Father's Birthplace Not Known			
Mother's Maiden Name Not Known	Mother's Birthplace Not Known				
Name of person giving information Mrs David L. Houck	How related to deceased Daughter				
<div>CAUSES OF DEATH</div> <div>154</div>					
PHYSICIAN OR CORONER	Primary Old age	How long One week			
	Immediate Heart failure	How long Twenty four hours			
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Abraham Shank			
		Address Clearspring Washington County			
<div>Accident or Suicide?</div> <div>LIBRARY BUREAU 488616</div>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah E. Surckenburger</i>		Town <i>near Smithsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>near Smithsburg</i>		Month <i>8</i>		Day <i>13</i>		Age <i>63</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>13</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>near Cametown</i>		Months <i>4</i>	
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>John H. Surckenburger</i>		Name of Wife or Husband <i>Sarah E. Surckenburger</i>		Days <i>13</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John H. Surckenburger</i>		Father's Name <i>Geo. Reynolds</i>		Father's Birthplace <i>near Cametown</i>	
Mother's Maiden Name <i>Jane Johnson</i>		Name of person giving information <i>John H. Surckenburger</i>		Mother's Birthplace <i>Fred Co Md.</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Insufficiency</i>	How long <i>Several Years</i>
Immediate <i>Heart Failure & Dropsy</i>	How long <i>Several Months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Jos. Pothman</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
in
Full

Wm E Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Hagersstown				Wash			
Date	Month	Day	Age	Years	Months	Days	
of death	1908	aug	12	60			
Sex	male		Color or Race	white		Birth-place	Va
Occupation	Watchman			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Wm H Travers				Father's Birthplace	Va	
Mother's Maiden Name	Maria Crayton				Mother's Birthplace	Va	
Name of person giving information	J. E. Shaw				How related to deceased	nephew	

CAUSES OF DEATH

120

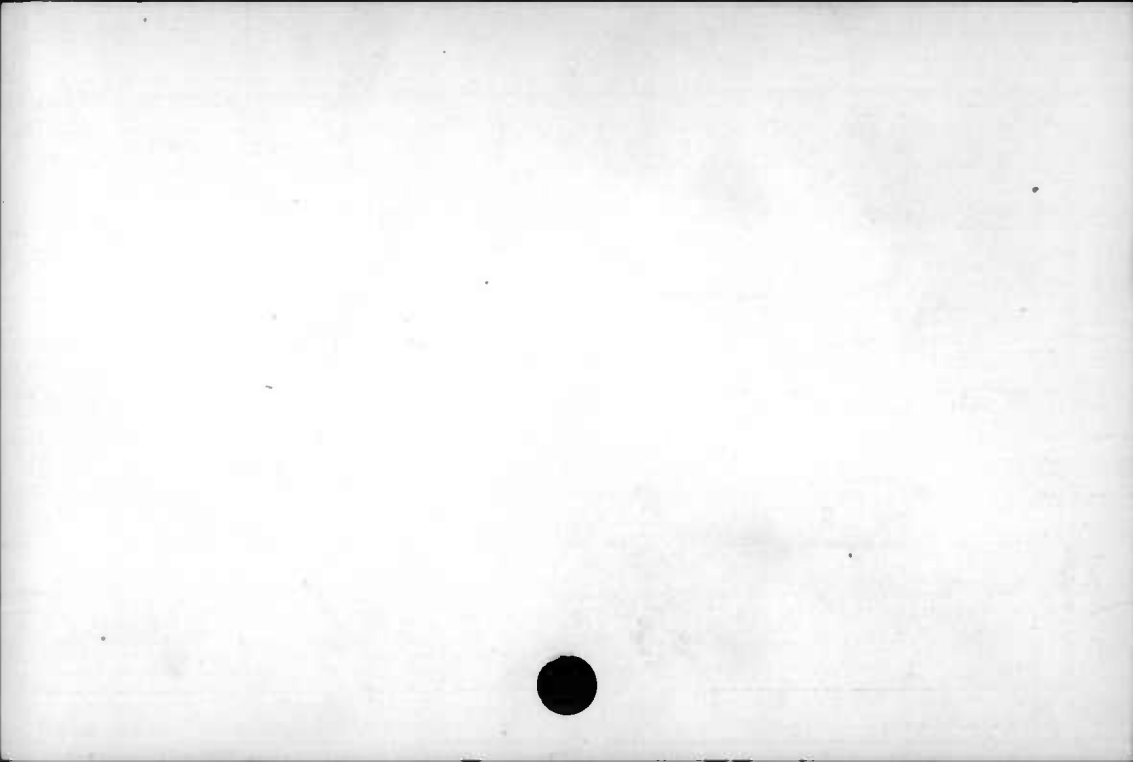
PHYSICIAN
OR CORONER

Primary	Chronic nephritis & endocarditis	How long	3-4 years.
Immediate	Toxaemia	How long	1-4 hrs 1/2
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. P. Miller
		Address	Hag. Ind.
Accident or Suicide?	no		

Sinter

Name in Full		North Margaret Vandervoort				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Blues Ridge Summit		Washington		MARYLAND
	Date of death		1908	Aug	7	Age	82
	Sex		Female		Color or Race		White
	Occupation		✓		Birth-place		Baltimore
			Where Residing if not at place of death		Blues Ridge Summit Md.		
	Married, Single or Widowed		S.		Name of Wife or Husband		
	Father's Name		Robert Bruce Vandervoort		Father's Birthplace		New York
Mother's Maiden Name		Eliza D. Durham		Mother's Birthplace		Baltimore	
Name of person giving information		Mr. Hugh Justice		How related to deceased		Nephew	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Angina Pectoris		How long		
	Immediate		Cardiac Paralysis		How long		half hour
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
			Victor F. Chiles		Blues Ridge Summit		
			Washington Co		Md.		
Accident or Suicide?							

80



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unnamed child of Chas & Verna Wilson

Town

County

Died at

Hagerstown

Wash

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Aug

23

Age

—

—

1

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

single

Name of Wife or
Husband

—

Father's
Name

Charles Wilson

Father's
Birthplace

Md.

Mother's
Maiden Name

Verna Uhler

Mother's
Birthplace

"

Name of person giving
In formation

Verna Wilson

How related
to deceased

mother

CAUSES OF DEATH

152

Primary

Asphyxia

How long

2 hrs.

Immediate

11

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
PhysicianF. O. Hoffmeier
Hagerstown
Md

Address

Accident or Suicide?

No.

S
Aug 25

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Joshua Goat-*
Blair ^{Town} *Valley*County *Wash*Date of death *1908 Aug*

Month

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Va*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband*Indiana Mills*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*"*Mother's
Birthplace*Unknown*Name of person giving
In formation*James W. Goat*How related
to deceased*Nephew*

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary

Enlargement of Liver

How long

Year

Immediate

Asthma

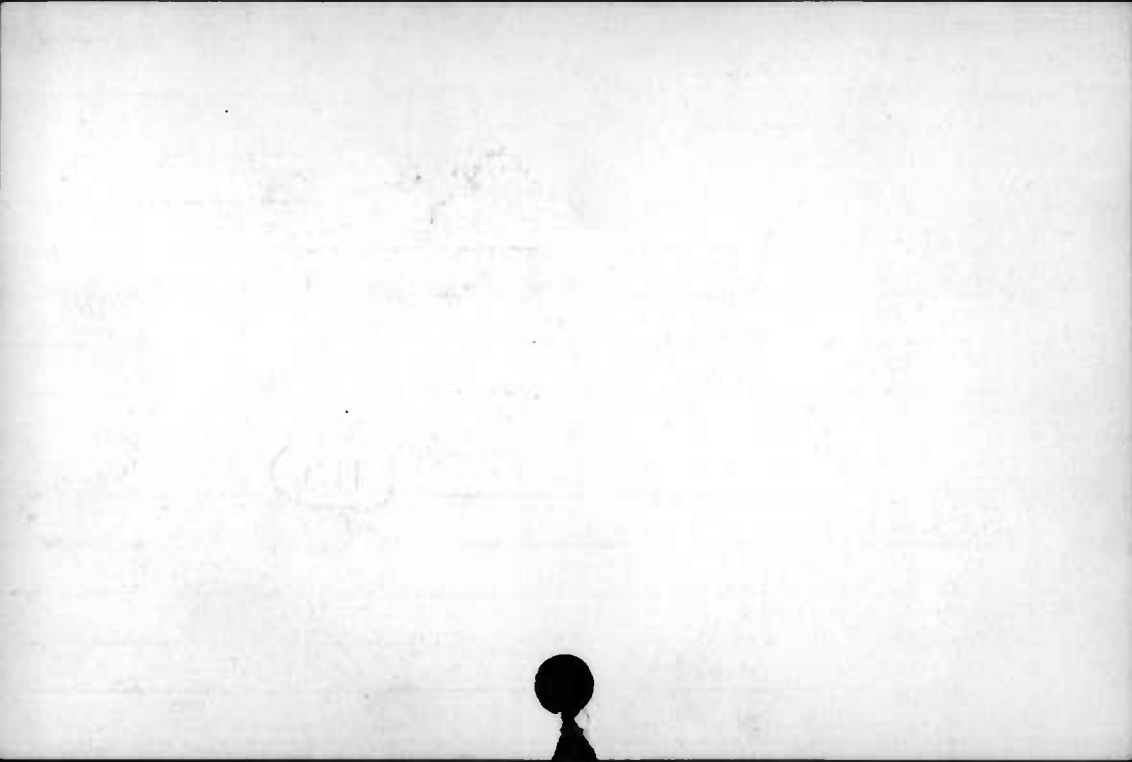
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. J. Mason*

Address

Clearspring Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bancroft</i>		Town <i>Waco</i>		County		MARYLAND	
Date of death <i>1908 Aug 20</i>		Month <i>Aug</i>		Day <i>20</i>		Age <i>39</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Months <i>6</i>	
Occupation <i>Iron Moulder</i>		Where Residing if not at place of death <i>Millstone</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bertie Zimmerman</i>					
Father's Name <i>Wm Zimmerman</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Ann Price</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Wife</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Not known by me</i>
Immediate <i>Pottersia</i>	How long <i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. J. Bralton, M.D.</i>
	Address <i>Bancroft, Md</i>
Accident or Suicide?	

